6M 1/66

Items

The Harrison .era Thun display to the Code published The state of the s -----The second second The second of th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY 2, and 3 to PM3. Page Washington Maryland Washington ō death. MARYLAND ate Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give peorest town) Hagerstown offer, Lite Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form Pours Washington County Hospital 1121 Fairview Road YES NO X Item 18. Give Poges Office along with for executed within 24 hours after death. 3. NAME OF Middle 4 DATE Lost ith the St DECEASED Gary Thomas May Arcidiacono (Type or print) DEATH SEX IF UNDER 1 YEAR 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED hirthdoy) Months Days Dec. 29. 1952 Male White WIDOWED DIVORCED event and 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT High School during most of working like even if retired) Hagerstown Md. AUD Chief Medicol Examiner's 13 FATHER'S NAME = Thomas Arcidiacono Mary Inlia Fitzgerald and .≡ Address Hagerstown, Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removol pending" Thomas Arcidiacono 1121 Fairview Rd. 216-54-8037 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural hematoma Ь IMMEDIATE CAUSE (a).

Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20o. EXTERNAL CAUSE WAS

PRIMAROCO ON CONTRIBUTING

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Hit by baseball

CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour o.m

Not While of work of work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

(City or town)

(County) Wash

Ball Park p.m. 5/18/679 Hagerstown 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry Accident X Suicide . death resulted fram: _ Matural causes Hamicide Undetermined manner

SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22. DATE SIGNED

and in my apinian

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

Md.

Howard N. Weeks EXAMINER'S NAME (Type)

DUE TO

DUE TO

580 Northern to Aveour Hagerstown, Md.

23d. LOCATION (City or Town)

REMOVAL (Specify)

23o. BURIAL CREMATION

ACTUAL

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

Haaerstown

Washington Md.

Rest Haven Juneral (Hapel

Hagerstown, Md.

JUNY REGISTRAR

VR ATSME

TO FUNERAL Health or if

buriol, cremation,

agent, prior to

its designoted

nsed

pe

3 should

This certificate should

EXAMINER:

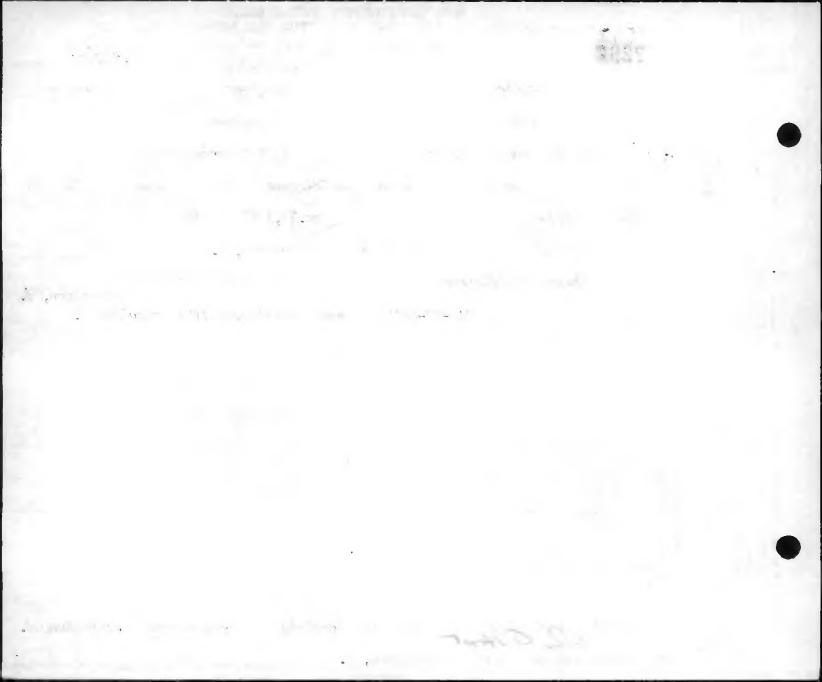
should be forworded to

the funeral director.

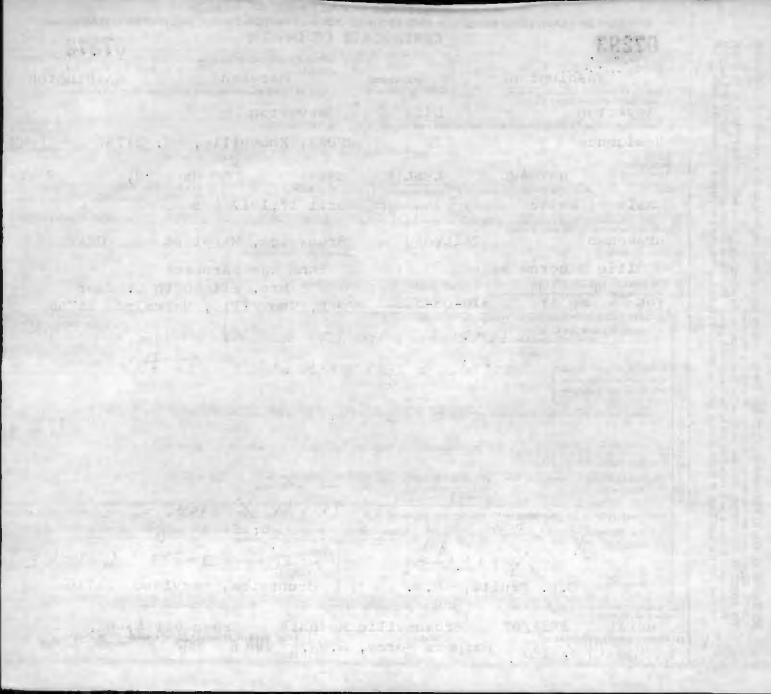
please

retoined

may be



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY by the Washington Maruland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give neerest town ⊆ --Weverton Life Pages Weverton filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Residence papers. in 72 hot RFD#2. Knoxville. Md. completely 21758 YES NOW 3. NAME OF First Middle DECEASED OF (Type or print) HAYWARD LESLIE DEATH BAER Mav 28 67 carbon withi 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS pue lest birthdey) Months Male White April WIDOWED [DIVORCED clan remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad Brakeman Brunswick, Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Osborne Baer 7 Edna Mae Barnhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Elizabeth L. Baer RFD#2. Knoxville. Maryalnd permit. 21758 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN been signed by 늉 PART I. DEATH WAS CAUSED BY. attending physi has been signed to burial-transit p IMMEDIATE CAUSE (e) cremation, **DUE TO** Conditions, if eny, which certificate has brown use as the buring prior to burial, c gove rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(+)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X R: After this ce detached for u 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ; 20f. (City or town) (County) (Stete) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: at work at work wspiral) attended the deceased from..... N) (this 190 L and that death occurred at 6: 15 from the causes and on the date stated above. saw the deceased alive of 22b. DATE 22e. SIGNATURE STAFF SIGNED ATTENDING death. Page 4 with th DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) M.D. Brunswick. Maryland 23e. SURIAL, CREMATION. 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 日春島 REMOVAL (Specify) Burial Brownsville Heights Brownsville Md 25s. NECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (41) DATE 20M 5-63



after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07294		CERTIFICATE	OF DEATH		07273			
1.		VOTON COU		O. STATE MARY.	e deceased lived, if institution: LAND b. COUNTY	WASHINGTON)			
1	b. CITY OR TOWN (If outside corp write RURAL and give nearest HOURS TOWN) d. NAME OF HOSPITAL OR INSTITU	town)	ENGTH OF STAY IN 15 reet address)	d. STREET ADDRESS	e corporate limits, write RURAL	e. IS RESIDENCE ON A FARM?			
7 2	NASHINGTONS O	COUNTY HOS	SPITAL Middle	KING S		YES NO P			
Site	OFFICE ASED (Type or print) SEX ALE (OLOR OF EMALE)	RACE 7. MARRIED WIDOWED	NEVER MARRIED 8 DIVORCED	DATE OF BIRTH 5/20/67	The state of the s	UNDER 1 YEAR OF UNDER 24 HRS. Onths Days Hours Min.			
du e	o. USUAL OCCUPATION (Give kind of ring most of working life, even if reti	work done 10b, KIND 01 red) INDUSTR	BUSINESS OR	11. BIRTHPLACE (County & St.		12. CITIZEN OF WHAT COUNTRYS A			
15	. WAS DECEASED EVER IN U.S. ARME es, no, or unknown) [(If yes give wo		ANZHOFF 17. IN JONE	14. MOTHER'S MAIDEN NAM VANUCY IFORMANT	OIPN E	BOYD			
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE MMED! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	D BY: ATE CAUSE (o) DUE TO (b) DUE TO	lectasis	misuane q	(isease	interval between onset and death			
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	PERMIT OF	ATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTIF	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INJURY Month, Do	EATH INER) DY, Yeor 20d. INJURY	OCCURRED 20e. PLAC	Enter nature of injury in Port	20f. (City or town)	(County) (State)			
ME	21. I certify that (I) (this haspital) attended the deceased fram 5/20/, 1967, ta 5/24/, 1967, that (I) (w) last saw the deceased alive an 5/24/, and that death accurred at 1825 M, fram causes and an the date stated abave. 220. SIGNATURE ATTENDING AT								
23	DEMOVAL (Consider)	. DATE THEREOF 23	NAME OF CEMETERY OR C	22d. ADDRESS // A	25 Street 23d. LOCATION (City or Town)				
3	FUNERAL DIRECTOR	offer, Ca	ASHINGTON CO ADDRESS Ly. Wash Co	Sorp PATE	178 1	MARYLAND.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in so the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the haspital ar attending physician. VR A15 (II) 20 M 1/66

42,44 CLANKY KING CO WASHINGTON COUNTY 9 3 2 1 1 1 1 1 Wildelphis SKWT - Kill-LETTA LAWGEDESMAN WHENINGTONS YOUNG HESTITHE KIND STONE THEMSIES - " & SHEWITT 5/20/67 ETMALE W 4.8 A I THIRNT CHARLES KELLER LYNN THORY WHILEY MIND DEYL Africation 1 design by a mightered a complete HTIVETHING THE a 12 /2/5 12/5 /02/5 124/3 17 2/22/5 ENGRALD TEXT AND IN STORY AND THAT IN STORY AND THE COMMENT

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at

or remited

crematian,

burial, 1

State Dept, of Health prior to

burial-transit

as the

USe

signed by

Page 4 may be retained by the haspital ar attending physician.

07295

CERTIFICATE

	DEATH	17274
	L RESIDENCE (Where deceased lived, if institution: Resid	ience befale admission)
a. ST/	MARYLAND b. COUNTY W	ASHINGTO
. CITY C	IR TOWN (If autside carparate fimits, write RURAL and	give nearest tawn)
K	+ Z WILLIAMSPORT	211
. STREE	T ADDRESS	e. IS RESIDENCE ON A FARM?

PLACE OF DEATH o. COUNTY WASHINGTON

c. LENGTH OF STAY IN 1b

NEVER MARRIED

nat in hospital, give street oddress)

Middle

MARYLAND

d. STREET ADDRESS

Month AGE (In years

last birthday)

DATE

DEATH

Day Year IF UNDER 1 YEAR Months Days

YES

NO NO

Type or print) SEX 10a. USUAL OCCUPATION (Give kind of work done

3. NAME OF DECEASED

6. COLOR OR RACE

7. MARRIED WIDOWED

DIVORCED 10b. KIND OF BUSINESS OR

BIRTHPLACE (County & State, or foreign country)

WASHINGTON

12. CITIZEN OF WHAT

during most of working life, even if retired

ANZHOFF

NANCY 17. INFORMANT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gave rise to immediate cause (a).

stating the underlying cause

(Yes, na, or unknown) (If yes give wor or dates of service)

NONE

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

DUE TO

Atelectosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

DUE TO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

WAS AUTOPS PERFORMED? NO

200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour a.m.

20c. TIME OF INJURY Manth, Day, Year

20d. INJURY OCCURRED Not While

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f.

(County) (City or town)

(State)

INTERVAL BETWEEN

ONSET AND DEATH

21. I certify that (I) (this haspitally attended the deceased fram saw the deceased alive an.

220. SIGNATURE

PHYS 22d. ADDRESS

MED. DIRECTOR

and that death accurred at 3 24 M, from causes and an the date stated above.

22b. DATE	SIGNED
5	21

22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON COUNTY HOSPITAL

23d. LOCATION (City or Town) HAGERSTOWN, MARYLAND

TO FUNERAL DIRECTOR: After this certificate

director, page 3 should be filed v

24. FUNERAL DIRECTOR

25g. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

ASSESSMENT CONTRACTOR OF THE PARTY OF THE PA HARGERSTOWN ILLE LAR BULLIAMINET WASHINGTON COUNTY HOUSE EVEN EVEL BANCHOFF 5/20/67 Female by 42.17 prof the state of St. THATUS CAPARLES KELLER BANZHOFF NANCY DIAN BOYD NOUE Oh Uh Primary Ateleptous Downstorn of a family Rumsturdy Palad 5 12/2 2/20 32/2 1/20 67 2 1/20 67 RODALD E. SKEYSEL IST KING ST HILERSTON IN

87296

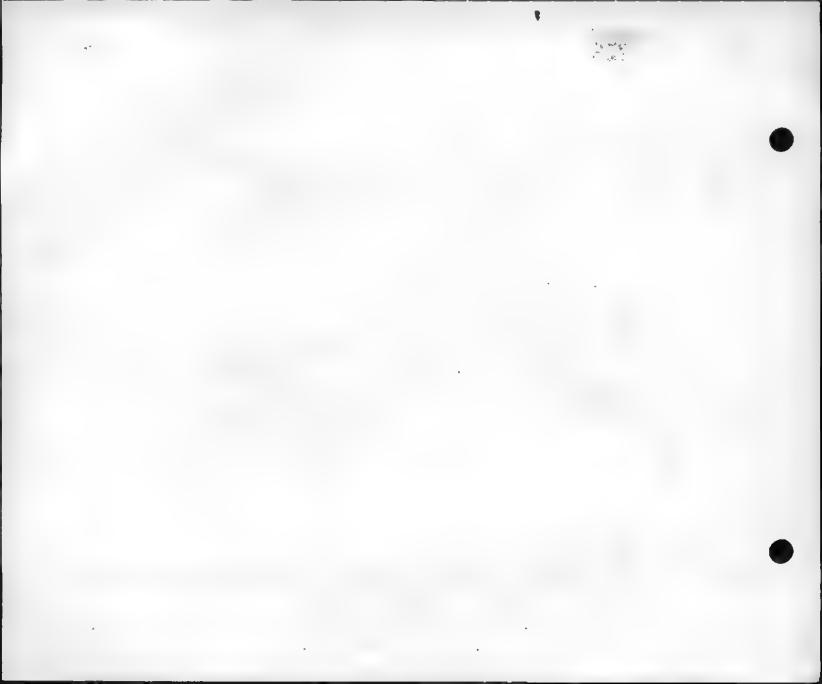
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07275

	0 + 2 + 0
1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
o. COUNTY	o. STATE D. COUNTY
	RYLAND IVICK
b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY write RURAL and give nearest town)	
WilliamsPort	2 mo Baltimore - 2/2/4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d. STREET ADDRESS e IS RESIDENCE
Homewood Church Home In	= 5609 Birch wood five, YES Is NO 10
3 NAME OF First Middle	Lost 4 DATE Month Doy Year
(Type or print) dollise Matile	La Derison DEATH May 20 1967
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRI	lost berthdox) Months Doxs Hours Men
Oc USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired) 1100 8 1 100 7 8	r Baltimore COUNTRY'SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T D	de cola lulada
15. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO.	17 INFORMANT Address A
(Yes no. or unknown) lift yes give wor or dotes of service)	273000
0110 219-05-621	12A markettragnez willigensport, Mg.
1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	states / necessaria 48 horses
443X DUE TO	^ ^
Conditions, if any, which gave)	Europe PV Nesseaso 17400
rise to immediate couse (a), DUE IO	
storing the underlying couse	
· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY	YES NO 🗷
200 ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY	OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Day, Year While Not While	20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o.m. While Not While	factory, street, office bldg., etc)
p.m. 17 of work — of work	
21 I certify that (I) (this haspital) attended the deceased	
	and that death accurred at 9:15 A.M., from causes and on the date stated above
220. SIGNATURE	ATTENDING MED STAFF 22b DATE SIGNED
Cohech. Touras	M.D PHYS. LI DIRECTOR LI PHYS. LI
22c PHYSICIAN'S D	22d. ADDRESS 13,7 W. Washington
NAME (Type) Nobert/. Corrad	, WA Stagerslown, Mel.
	METERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
urial May .23.1967 Baltimo	ore Cemetery Baltimore Md.
HENRY SANDER & SONS.INC. Belt:	imore Md. 250. REGISTRAR 1967 REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSTITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician VR A15 (4) 25M 1/67

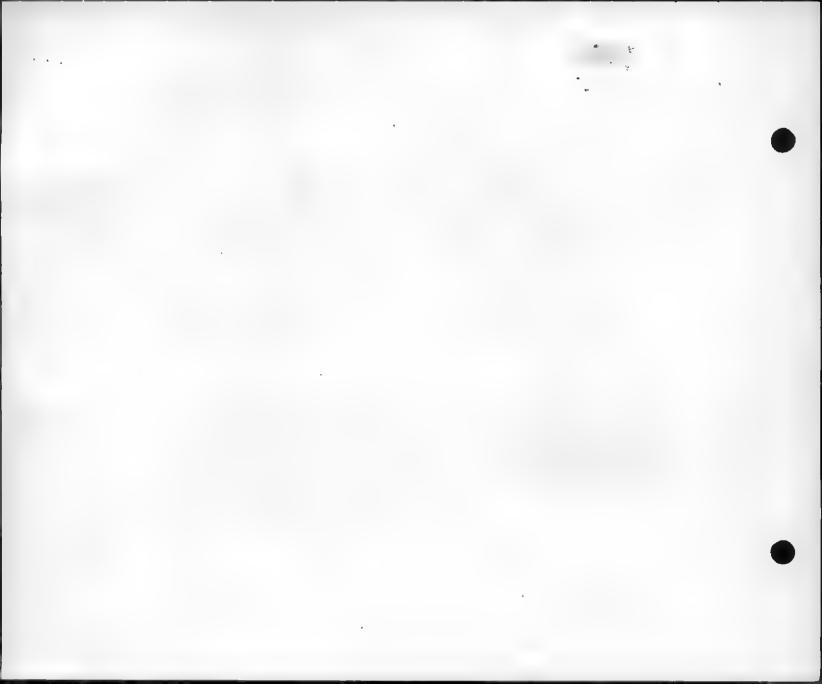




VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1		729	8		CERTIFIC	AIL	OF DEATH			67	ンウツ		
ı		LACE OF DEATH					2. USUAL RESIDENCE (V				etare aam ssi	ion)	
1	(washii	dgton		MARYLAN	ND D	Marylan	ıd	Wash ing	ton			
ı	ŀ	CITY OR TOWN (I	f outside comparate limit	s,	c LENGTH OF STAY IN 1	b	c CITY OR FOWN (If outside corporate imits, write RURAL and give nearest fown)						
ı		Hagers	give nearest town)		D.O.A.		Hagers	tow	n				
	(NAME OF HOSPITA	AL OR INSTITUTION (If n	at n hospital,	give street address)		d STREET ADDRESS				e IS RESI	DENCE	
		Wsh	County H	ospit	al		2377 Pen	ma	Ave		YES	KOZ	
1		NAME OF DECEASED		rs1	Middle		⊾as1	4 DAT	E Manth		Day Ye	or	
	(Type or pont)	MABE	L	SUTTON		BOWEN	OF DEA	тн Мау	5 196	7 19		
4		EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8			9 AGE (In years last pirthday)	Manths Da		R 24 HRS	
		Pemale	White	WIDOWED	DIVORCED [Apr 7 190)O yrs.]	
1	10o duni	USUAL OCCUPAT ON na most of working	(Give kind at work done life even if retired)		IND OF BUSINESS OR		11 BIRTHPLACE (County I		4 17		LOF WHAT		
	-	ng most of working	orer	l l'a	irchild		Verona			CONT	SA		
1	13.	FATHER'S NAME	0 1.1.				14. MOTHER'S MAIDEN N						
1	100	Joshua Sutton					Mattie	פע פ					
ı	(Ye	s, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO		FORMANT c Archie I	. Н	inkle 23	, 77 Per	ma A	ve	
۱		1B. CAUSE OF DE	ATH (Enter only one co	se per line for	(a), (b), and (c).)		Hagersto) Wn	Md.	T	INTERVAL BE	TWEEN	
1		PART 1 DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(a) (Co)	march	ur	work				ONSET AND		
1		420		. , _	7					- '		_	
1		Conditions, if any,		(b) a7	hervsele	-	>				Karo		
1		rise to immediate cause (a), Stoting the underlying cause DUE TO											
1		last.)	(c)									
1	ᇂ	PART II. OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO TI	HE TERMINAL DISEASE CON	IDITION G	GIVEN IN PART I(Q)		19. WAS AUT PERFORN	OPSY MED?	
1	ğ										YES 🔲	NO D	
	L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)		20b DE	SCRIBE HOW INJURY OCCU	RRED (I	Enter nature of injury in f	Part 1 or	Part I of tem 1B)				
1	MEDICAL	20c TIME OF INJU	IRY Month, Doy, Year	20d li While			E OF INJURY (Hame, farm ry, street, affice bldg, etc.)		(City or tawn)	(County)		(State)	
ı	ž	pn	30	at war		10110	(y, sheer, orrice blog, etc.)						
ł				pital) <u>at</u> ten	ded the deceased fra	m	Ju., 1	967	, to Ilay	-, 1967,	that (F) (we) last	
ı			ceased alive an_	3/	(ay 1967, onc	ther	death accurred ats	7 A	M, tram causos a			d abave	
		22o SIGNATURE	120 ·	& til	son	M D		MED DIRECTOR	STAFF PHYS	22b, DATE S	67		
1		22c. PHYSICIAN'S NAME (Type)	/ /				22d ADDRESS			7			
			John D. V				580 Nort						
	230	BURIAL, (REMATIO REMOVAL (Specify) BUT 1 9.1	N, 23b DATE TH	ereof 67	Verona E.		REMATORY B. Cemetery		LOCATION (City or Tow Lugusta Ci	,	nty) (S	State)	
	24	FUNERAL DIRECTOR Andrew	7.7/	erstow an Fun	n Moderss eral Home	In	2Sa - REC'D			ISTRAR S SIGNA	TURE		

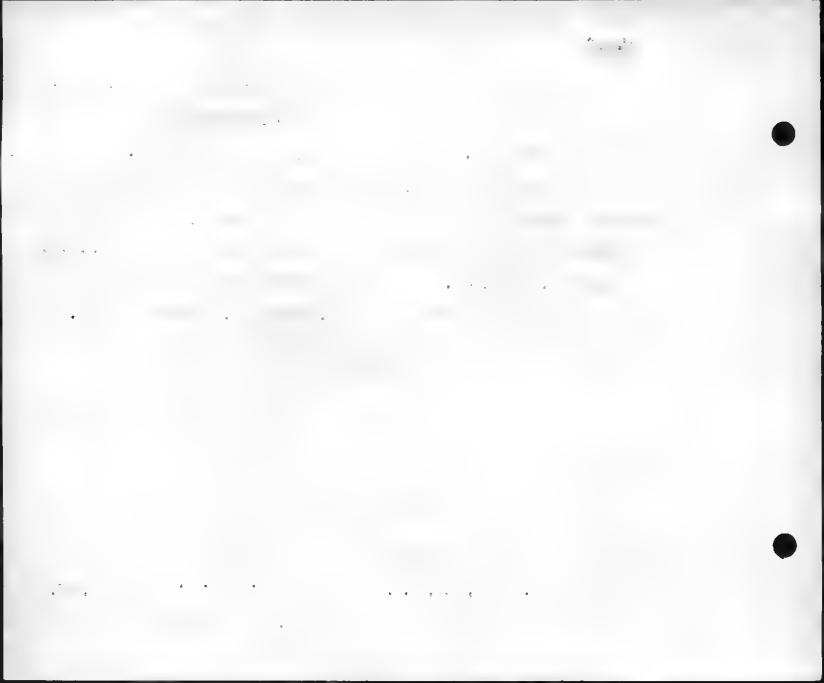


~ 1		Di	ivision of STATIST	ICAL RESEA	RCH AND RECOR	DS, 301	W. PRESTON STRI	EET, BALTIMORE,	MARYLAND 2	1201	
- (11)		07293			CERTIFI	CATE	OF DEATH			072	78
r death		PLACE OF DEATH D. COUNTY	Washing	ton	MARY.	AND		. Va.	b. COUNTY DO	ddridg	Θ /
naurs after by the fi s. Pages haurs afte	1	city or town (if write RURAL and g	outside corporate limits give nearest town) stown	,	c. LENGTH OF STAY IN	1 lb	c. City OR TOWN (If or rural	utside corporote limits, Salem	write RURAL and g	eve nearest town)
filled in E papers. thin 72 ha	(NAME OF HOSPITAL	or institution (if no				d STREET ADDRESS RFD 2				ESIDENCE A FARM?
ed within carban pear, with		NAME OF DECEASED (Type or print)	KAI		Middle NMN	C	ARPENTER	4. DATE OF DEATH	Month May		Year 19 67
executed with	Ś :	nale	6 COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		7-26-75	9 AGE (III	rthdoy) Months yrs.		IDER 24 HRS.
physician and en physician and en please ren		LSLAL OCCUPATION (ng most af warking lif	Give kind of wark dane e, even if retired)		OLI Co.		11.BIRTHPLACE (County Bridgep	ort, W.V		COUNTRY?	
ertificat physici nen ple noval, a	13.	FATHER'S NAME	William	A. Cz	rpenter		14. MOTHER'S MAIDEN		Stout		
ne death certifi attending phy permit. Then ian, ar removal	15 {Ye	WAS DECEASED EVER s, no, or unknown) (I	IN U.S. ARMED FORCES? If yes give war or dates o	of service)	OCIAL SECURITY NO.		nformant W. G. Car	penter,	Address Jeffers	on, Md	•
requires that the death certificate be executed within 24 haurs after g physician. signed by the attending physician and caractery filled in by the fursity permit. Then please remove carban papers. Pages 1 a burial-transit permit. Then please remove carban papers. Pages 1 a burial, crematian, ar removal, and in any exert, within 72 haurs after		18. CAUSE OF DEA PART I. DEATH Conditions, if only, rise to immediate	which gave	(o) 70 (b) 9	andiac	fo	eluce Tarterios	cleron	3	INTERVAL ONSET AN	
e law req tending p as been si as the b prior ta b		stating the underlikest.	ying couse	(t)	O DEATH BUT NOT DEL	LIED TO 1	THE TERMINAL DISEASE CO	INDITION GIVEN IN PA	RT 1(a)	19. WAS A	ALTOPSY
N: Th or at ate ha	CERTIFICATION	/	couga (me>tx	tec layre	yela	ecc ters (Enter nature of injury in	nisal un	come.	YES V	NO
PHYSICIA e haspital bis certific stacked fa Dept. af H		OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE OF DEATH		UURY OCCURRED		CE OF INJURY (Hame, for			(County)	(State)
by the Alfred the State De	MEDICAL	Haur o.m.	19	While of work	Nat While at work		ary, street, office bldg., etc		5-10 1	967 that (() (we) last
ATTENI retained ECTOR: A shauld with the		saw the de	ceased alive an_	bris-18	19 <u>67</u> , c	ind tha	ATTENDING PHYS	MED DIRECTOR S	TAFF C 5	the date sto DATE SIGNED -11-67	ited abave.
		22c PHÝSICIAN'S NAME (Type)	<u> </u>		(IM 9			rothern			
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi		BURIAL, CREMATION BENEVIAL (Sectiv)	5014	-67	Salem I.	0.0	.F. Cem	23d LOCATION Salem TO BY REGISTRAR	W. Va.		(State)
VR A15 (4) 20 M 1/66	24	Minnich	Funera1	Home,	Hagerst	own	22.3	U BY REGISTRAK		A44	in Co

"AT .. 70 'A.

1 . %

1 1	Items 18&21 Film 390 6-23WARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
POR STATE	07300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07879	
HEAVEH DEPT.	1 PLACE DF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence belo	re admission)
ay is 3 to Page ant of	• COUNTY WASHINGTON MARYLAND • COUNTY WASHINGTON	NGTON
Po Po	b CTY OR TOWN (If outside carparate mits CTENGTH OF STAY N Th CTTY OR TOWN (If outside carparate limits write PLPA) and also appears	st town)
ath If any de ay ages 1, 2, and 3 th farm PM3 Pa	HAGERSTOWN LIFE HAGERSTOWN	
Sep 2, 2	d NAME OF HOSP TAL OR INSTITUT ON (If not in nospital give street address) d STREET ADDRESS	B IS RESIDENCE ON A FARM?
h Iff	331 S. MULBERRY ST. 331 S. MULBERRY ST.	YES NO X
Page H	3 NAME DF First Middle Lost 4 DATE Month Dot DECEASED DF	y Year
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DECEASED (Type or print) ROSIE VIRGINIA CARTER DEATH MAY 15	19 67
after allong after with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BRTH 9 AGE (In years FUNDER I YEAR	IF UNDER 24 HRS
at the	FEMALE WHITE WIDOWED D VORCED 9/11/1928 38 vis	
hot Hen Coffice of the Coffice of th	10a LS_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 (ITIZEN O COUNTRY)	F WHAT
in in in in ir s		Š.A.
hin 24 hour ncil in Item niner s Offic pages land urs after dec	13. FATHER'S NAME	
n per Exan File 2 hau	JAMES WM. ALLEN SR. MABEL SECORD	
ted " in all E	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war ar dates of service) Addread SECURITY NO 17 INFORMANT Address of service)	OWN
executed nding" in Medical E permit I with.n 72	NO NONE MR. THOMAS E. CARTER MD	•
ex f M f M	IB CAUSE DF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY	TERVAL BETWEEN
l be d "p ch.e	IMMEDIATE (AUSE (a) Tacty metamorphosis liver	KHOWH
shauld be e ne ward "per o the Ch.ef I burial-transit	551,0 DUE TO Right Holder Stall	
she v or H or H burri	Conditions, if any, which gave (b)	
ficate shauld be executed within 24 hours ing the ward "pending" in pencil in Item 18 rided to the Ch.ef Medical Examiner's Office, as a burial-transit permit. File pages land and in any event with, n 72 haurs after death	stating the underlying cause (c) Severe - with suspected hypoglycemia Mil	nutes
nting ardec d as , and	105.	WAS AUTOPSY
JIY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If a eral director. Pages 1, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, eral director. Page 4 shauld be farwarded to the Chief Medical Examiners Office along with farm be retained far your files. RAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and Awith the State De priar to burial, cremation, at remayal, and in any event within 72 hours after death.	Anrtic velvulonethy & Stenosie	PERFORMED?
INER: This is certificate should be faller. This should be faller. I should be faller. I should be thon, at remention, at remention.	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of in try in Part I or Part I of tem B)	
INER: e certi shaulo files. 3 shau Iton, a	CAUSE OF DEATH	
MEDICAL EXAMINER: please execute the certit director. Page 4 shauld efained far yaur files. DIRECTOR: Page 3 shaul r ta buriaf, cremation, ar	2Dc TIME OF INJURY Month, Day, Year Hour a m. 19 at work at work at work 19 a	(State)
EXA ecute Page or yau R: Page (, crem	p.m. 17 of work 🗀	
ML E Par for OR:		n my apintan
e e cracina de company	death resulted from Natural causes 🗷 , Acc dent 🗌 , Suic de 🔲 , Hamicide 🔲 Undetermined manner 🗷	
MEDICA please directe directe DIREC	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
AL I	SIGNATURE COLLINICAL CALL AND ASSISTANT MEDICAL EXAMENCE	
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be refained for your D FUNERAL DIRECTOR: Page 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	EXAMINER'S NAME (Type) Edward W. Ditto, III, M.D. DESTROMMENTAL EXAMINER St. Address (Street, city lown or county) Hagerstown,	Md. 67
O DEPL necessa the fun 5 may 0 FUNE	230 BURIA (REMATION 23b DATE THEREOF 23c NAME OF (EMETERY OR (REMATORY 23d LOCAT ON (City or 1) wol) (County	(State)
5 5 ± 2 5 ± 4	REST HAVEN CEM. HAGERSTOWN WASH	
NO ATENE IS	24 FYNERAL DIRECTOR ADDRESS A 250 REC D BY REG STRAR 256 REGISTRAR'S SIGNAT	RE
VR A15ME (5) (1)	W.J. Morment, Hegesolow Med. DAMAY 19 1967 Ochange Q	ndaR.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

E OF 2 USUAL RESIDENCE (Where deceased lived, if institution Resignice before admission PLACE OF DEATH o. COUNTY Washington b. COUNTY Washington a. STATMarvland papers. Pages I vin 72 hours after MARYLAND b (ITY OR TOWN (If outside carporate emits, write RuRAL and give negrest town)
Hagerstown c LENGTH OF STAY IN 16 c CITY OR TOWN (II autside carporate limits, write RURAL and give nearest town) 60 years Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? filled in Washington County Hospital 940B Lanvale St. NO [event, within YES [NAME OF Middle DATE Last Month Day Year DECEASED 167 Comer, 18 James Luther Sr. May (Type or print) DEATH SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR 9 AGE (In years IF JINDER 24 HRS Months Haurs white male May 29,1889 ON S WIDOWED DIVORCED and (10a JSJAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT .⊆ INDUSTRY railroad **COUNTRY?** and Luray, Virginia conductor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, Emma J. Dawson David L. Comer 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service 05-10-8232 Mrs Julia Comer, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), DUE TO ficate has been s for use as the t Health priar to b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? upu monia NO I 20a ACC DENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur p.m. factory, street, affice bldg., etc.) Not While at wark at work **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased from 1900 ta_ director, page 3 shauld shauld be filed with the and that death accurred of 2 PM, from causes and on the date stated above saw the deceased alive on Linux 22g SIGNATURE 22b DATE SIGNED DIRECTOR TO FUNERAL Prospect St. Hagerstown. Md. Charles Spencer NAME (Type 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (State) Hagerstown REMOVAL (Specify) Md. Cemetery 5-20-1967 Rose Hill burial 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR Ocharles Minnich Funeral Home Hagerstown, Md.

within requires that the dmath certificate be executed OR ATTENDING PHYSICIAN: The TO HOSPITAL

VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07302			CERTIFICATE	OF [EATH			67221	1
		PLACE OF DEATH o. COUNTY	Washington	1	MARYLAND	2. USUAL o. STAT	TE _	Where deceased in	ved, if institution b. COUNT	in. Residence before IY Frank L	V
Ì	Ŀ	write RURAt and	f outside corporate mi give negrest town) "Stown		c LENGTH OF STAY IN 16 2 WKS	c, CITY OI	R TOWN (IF OL			A. and give neorest	
4		NAME OF HOSP TO	AL OR INSTITUTION (IF I			d. STREET ADDRESS e					IS RESIDENCE ON A FARM?
,	Washington Co. Hospital				3.1 Middle	lo lo		Ringgold	Month		Year
	i	DECEASED (Type or print)		Paul	E.	Coc		OF DEATH	May		167
	5		6. COLOR OR RACE		NEVER MARRIED	B. DATE OF		le l	E (In years st birthdoy)	IF UNDER 1 YEAR Months Doys	F JNDER 24 HRS Hours Min
-	_	Male Sual occupation	White (G ve kind of work dans	WIDOWED	DIVORCED NO OF BUSINESS OR		31, 189	& State, at foreign	COUNTRY)	12 CITIZEN OF N	VHAT
	duri]	ng most of working Machine (FATHER'S NAME	life, even if retired) Operator	14	DUSTRY is Machine Co.	F		Co. P		COUNTRY? U.S	.A
		Peter S.			COCINI CECURITY NA 11	Char	clotte		0.11		
	(Ye	s, na, ar unknawn)	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of carries !		Mrs.	Paul E	Cook	Addres Waj	ynesboro,	Penna.
		18. CAUSE OF DI PART I. DEAT	ATH (Enter only one co IH WAS CAUSED BY. IMMEDIATE CAUSE	CA	WEER RING	Y- 1	UNG				VAL BETWEEN T AND DEATH
		Conditions, if any,		E TO)	
		rise to immediat stating the under last.	e cause (o), ((b) E TO (c)	,					•	
	ATION	PART UT OTHER SI	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TURMIN	L DISEASE COL	NOTION GIVEN IN	E POP	19 V YES	AS AUTOPSY ERFORMED?
	MEDICAL CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205/DE	SCRIBE HOW INJURY OCCURRED.	(Enter natur	e af injury in	Part I or Port II a	f item 1B.)		
	MEDiCA	20c TIME OF INJU Hour our pur	10	While	- Not While - fac		Y (Hame, forn ffice bldg., etc.		y ar town)	(County)	(Stote)
			fy that (I) (this ha	spital), attend	ded the deceased fram_	it death o	occurred at	19 <u>00</u> , to 1	om couses	, 19 <i>Cf</i> , tha and on the date	t (I) (we) las stated above
		22a. SIGNATURE	16 Due	Walt	el m	ATTENE D. PHYS.	LX	MED DIRECTOR _	STAFF PHYS	22b DATE SIGNE	467
/		22c. PHYSICIAN S NAME (Type		1249	rd134/4/	22d.	ABORES (2 10/4	1420	KAJENT	al) to
	230	BURIAL, CREMATIC			23c. NAME OF CEMETERY OR	CREMATORY			ON (City or Tow	/	(Flote)
	24	REMOVAL (Specify Purla. FUNERA, DIRECTO		1.967	Cedar Hill		2So REC'	Greene D BY REGISTRAR	astle,	Franklin, GISTRAR'S SIGNATURE	Penna.
	-1	Wal	1 001 4	1944 1	Marmanhara Pa	nno		Y T 5 19		learly O.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after destand Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

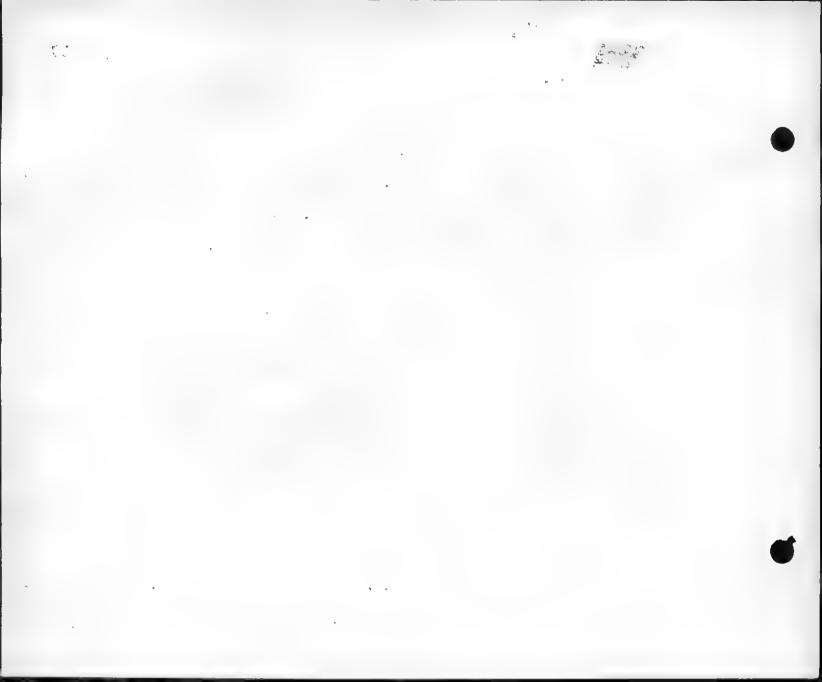


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in-by the unetal director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers, Pages and 2 should be filed with the State Dept of Health priar to burial, crematian, or remaval, and in any event, within 1997 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law removes that the Leath certificate be executed within 24 haurs after death

	VIII	JION OF THAL	RECORDS, 501 11.			THE THE	KILMIND ZIZVI				
1	07303		CERTIFI	CATE	OF DEATH			n.	1282		
	PLACE OF DEATH				2 USUAL RESIDENCE (W	Vhere dece	osed lived, if instituti	on [.] Residence	before odmiss	ion)	
	· COUNTY WASHING	GTON	MARY	AND DAKE	A CTATE	LAND	b. COUN	ITV	HINGTO		
	b CITY OR TOWN (If outside corpora	ote limits.	C LENGTH OF STAY IN		CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give pegrest to HAGESTOWN	wn)	40 YEARS	3	HAGERSTOWN						
H	d NAME OF HOSPITAL OR INSTITUTION				d STREET ADDRESS		,,		e IS RES	IDENCE	
		H POTOMAC		474 NORT	אי אי	TOMAC STR	RET.		FARM?		
2	NAME OF	First	Middle		Foz ₄	4 DATE	Mont			egr	
	MECEASED	ATHERINE	N.	(RAMER	OF DEAT	MAN		4	67	
	SEX 6 COLOR OR R				DATE OF BIRTH		9. AGE (n years		AR I IF UNO		
	FEMALE WHITE	WIDOWED			JAN. 11, 19		lost b rinday)	Months 0	oys Hours	Min.	
	JSUAL OCCUPATION (Give kind of we		(INO OF BUSINESS OR		11 BIRTHPLACE (County 8	-	OO yrs	12 (1717)	N OF WHAT		
	RETIRED "TEXCHE		UBLIC SCHOOL	nrs	WASHINGTO			COUN	J.S.A.		
_	FATHER'S NAME	1	ODING BOILO	7100	14 MOTHER'S MAIOEN N		• TENTLEMEN		JeDene		
1.0.	JAMES K. NO	TET. SP			LOLA F		NS				
15	WAS DECEASED EVER IN U.S. ARMED I		SOCIAL SECURITY NO.	17 1	NEORMANT	EIGHT.		ORTH PO	YPOMAC	ইক	
(Ý	es, no_grunknown) (If yes give war o	ar dates of service)			HARRY P. C	ים א אפי					
-		~ h	20-26-7240	1120	IIMINEL A. C	Athi III	TINGEN	JIOMIN,	INTERVAL BE		
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED			011	Hamary	rha.	c 0		ONSET AND		
	IMMEDIAT	E CAUSE (a)	harrah n	010	Hemorr	7	-3-		1 7 7		
	Conditions, if ony, which gave)	DUE TO	Pertens	F 37.4	Cardio V	256	· Dis ez	۵۵.	1244	4 .	
	rise to immediate couse (a),	DUE TO	1-61 1541	1 0	CETE-0 V		0 19 ~1	1			
	stoting the underlying couse ((c)									
	PART II. OTHER SIGNIFICANT CONO		TO DEATH BUT NOT RELA	ATEG TO T	NE TERMINAL DISEASE CON	IDITION GIV	VEN IN PART 1(a)		19 WAS AU	IOPSY	
TON			TO DETAIL				1,47		PERFOR!	MEO?	
FICA	200 ACCIDENT WAS UNDERLYING	206 0	ESCRIBE HOW INJURY OF	C. IRRED (Enter noture of injury in F	Port Lor Pr	ort II of item 181		/B	110 [2]	
CERT	OR CONTRIBUTING CAUSE OF DEA	TH	ESCRIPT HOW HISOKY OF	COUNTD (Enter notice of inpry and						
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMIN 20c TIME OF INJURY Month, Doy		INJURY OCCURRED	20a PLAC	E OF INJURY (Home, form,	20f	(City or fown)	(Count	/)	(Stote)	
MEDI	Hour 'o.m.	Whil	e Not While		ry, street, office bldg , etc.)		(6.1) 0.1 0.1.1,	(com)	11	(3.010)	
	21. I certify that (I) (t)	01 170	rk L of work L		-210 /0 11	06-6	to May and	10 /	1 Ab nd (1)	INV.VI.	
	sow the deceased alive	an Martin Coner	10 67	nd that	death accurred of	1.76 A	M from colses	and on the	dote state	WAST 102	
	220 SIGNATURE	OII	1/2/	7,110	doorn decorred on	.301-	11, 17011 (00353 (22b. DATE		O GDOVE	
	19/201 6	· / Loss	1	M D		MEO. DIRECTOR	STAFF DHYS.				
	ZZc. PHYSICIAN'S	17/1			22d ADDRESS						
	NAME (Typh) DR. L	LOYD A. HO	FFMAN, M.D		214 NORTH	I POL	OMAC ST.	HAGERS'	LOMN ,	MD.	
230		DATE THEREOF	23c NAME OF CEME	TERY OR C	REMATORY	23d I	LOCATION (City or Tox	vn) (Co	unty) ((Stote)	
	REMOVAL (Specify) BURIAL 5	24/67	REST HAT	JEN C	EMETERY.	HA	JESSTOWN.	WASH .	CO. MD		
24	FUNERAL DIRECTOR	- 14 × 4	AOORESS	1. And A.T	250 REC'D		TRAR 25b RE	GISTRAR S SIGN	ATURE		
	CHARLES M. ROU	ZER, HAGE	ERSTOWN, MA	RYLA	ID. MAY	241	967 gol	carles	sedige.		

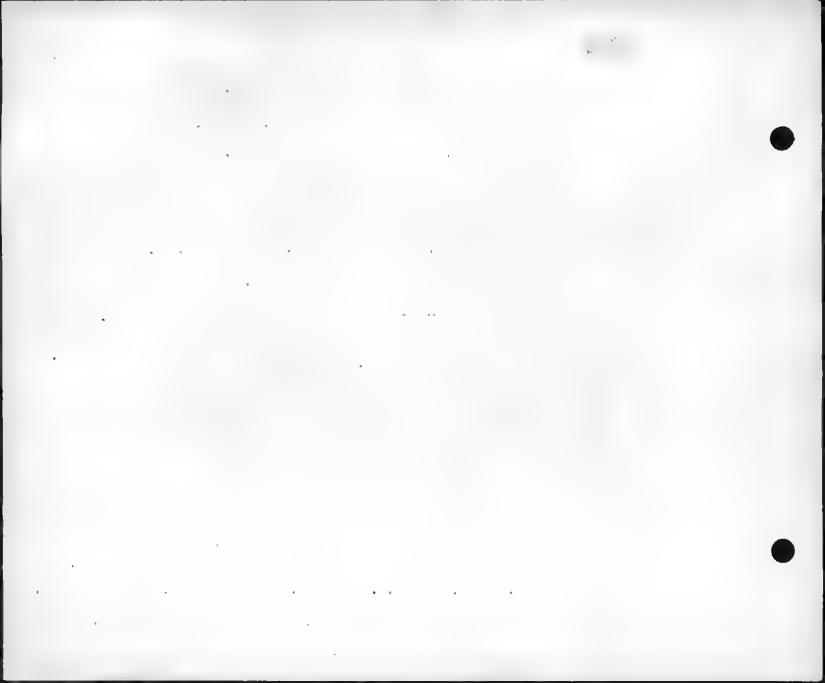


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0.0004			CERTIFICATI	: OF DEA	ATH			672	33
1	PLACE OF DEATH O COUNTY				2 USUAL RES	IDENCE (Whe	ere deceased lived,	if institution	. Residence before	adm ssion)
L		Washing		MARYLAND		Penn	a.		Frankl	
	b CITY OR TOWN (I write RURAL and	outside corporate mi give nearest tawn)	ts,	C LENGTH OF STAY IN TO	11				and give nearest	tawn)
L	H	agerstown		3 weeks	5	St.Th	omas,		10 -	A DICIPELICE
		AL OR INSTITUTION (IF I			d STREET ADI		T =			IS RESIDENCE ON A FARM?
2	NAME OF	ock Conv.		Middle			D. 1 DATE	0 1		IS NO
1,	DECEASED		irst Dane		Lost	1	OF	Manth	Day	Year
5	(Type or print) SEX	Albert 6. COLOR OR RACE	7 MARRIED	sell Crea	ager 8 DATE OF BIRT	TH I	DEATH M.	ay n years	E UNDER TYEAR TI	19 67 IF UNDER 24 HRS.
L	Male	White	WIDOWED		4/5/18		75	rthday) 7	Wonths Days	Hours Min
10	. USUAL OCCUPATION	(Give kind of work done	10b. KII	ND OF BUSINESS OR	11. BIRTHPLAC	E (County & S	tate, or foreign cau	rtry)	12 CITIZEN OF V	WHAT
10	armer &	lite, even it retired) Shop Worl	cer Ma	ch. Mfg.	Merc	ersb	urg, Pa.	.R.1	COUNTRY? USA	
13	FATHER S NAME	_			14. MOTHER'S	MAIDEN NAM	AE .			
L		vid W.Cre			Suss	an L.	Lightne			
15	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)		INFORMANT			Address	Pa.,R	.#1
Ĺ	Yes	WA I	20	00-24-163B I	Irs. Al	bert	R. Crea	ger,	St. Thor	mas.
	18 CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY	use per line for	(a), (b), and (c))					INTER	T AND DEATH
	420	IMMEDIATE CAUSE		eriosclerotic.	Heart D	isease	With		Seve vear	ral
	Conditions, if ony,	UUI		ompensation.					ycar	⊃ #
	rise ta immediati	e cause (a), ((b)							
П	stating the under	lying cause	(c)							
	PART II OTHER SIG	GNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DI	ISEASE CONDIT	TION G VEN IN PAR	RT 1(a)	19 V	VAS AUTOPSY
ATION]								YES	PERFORMED?
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING		206. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of	injury in Por	t or Part II of Ite	m 18)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL	20c TIME OF INJU	IRY Month, Day, Year	20d IN While		CE OF INJURY (H		20f (C ty or	r fawn)	(Yinco))	(State)
2	p.m		at wark	at work						
	21. I certif	y that (1) (this ha	spital) attend	ded the deceased from £	pril 14	, 196	7 to May	7.9,	_, 19 <u>67</u> , tha	t (1) (we) la
	220. SIGNATURE	ceased alive on	way o	19 <u></u> 07, and the	ir deorn occu	rrea aro:	A. Tram	causes on	22b DATE SIGNED	STOTED ODOV
	2 divis	1/1.	11/1/	1	ATTENDING PHYS			AFF IYS	May 11.	,
	22c PHYSICIAN'S				22d. ADD!	RESS				
	NAME (Type)			III, M.D.		Washi.	ngton St	· Has	gerstown,	Md.
23	o BURIAL, CREMATIO	N, 236 DATE TH		23c NAME OF CEMETERY OR			23d LOCATION ((State)
_	REMOVAL (Specify)		2/67	Fairview		DEC DEC D	Mercer			
12	4 GIVERAL OFFECTOR	7	Ma	ADDRESS			Y REGISTRAR		STRAR S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1-and should be filed with the State Dept. of Health prior to burial, cremotion, ar removol, and inlany event, within 72 hours after death Page 4 may be retained by the hospital or attending physician VR A15 (4) 25M 1/67



haurs after death. The law requires that the death certificate be executed within 24 haurs papers. within 72 campletely filled in and in ag or removal, has be retained TO FUNERAL DIRECTOR: director, p

S. SEX

		CORDS, 301 W. PRESTOI	N STREET, BALTIMO	RE, MARYLAND 21201	
	07306	CERTIFICATE	OF DEATH		7285
	PLACE OF DEATH			there deceosed lived, if institution Reside	ence before admission)
	· washington	MARYLAND	Marylan	d b. county	ngton
	b CITY OR TOWN (If outside comparate limits	c. LENGTH OF STAY IN 1b		side carparate limits, write RURAL and a	
F	write RURA. and give nearest town) Lagerstown Maryland	Life time	Hagersto	wn Maryland	. ,
*****	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		d. STREET ADDRESS	Treat and Cracy of the Court of	e is residence
	Washington County Hos	pital		Bethel Street	YES NO K
	NAME OF DECEASED (Type or pnnt) Carrie B	Middle eatrice I	lost Davis	4. DATE Month OF May 28	Doy Year 1967
_	SEX 6 COLOR OR RACE 7 MARRIED [DATE OF BIRTH	9. AGE (n years IF UNDE	
7,	emale Colored WIDOWED	DIVORCED	Jan 10 19	lost bithday) Months	Days Hours Min.
	mare volvier	D OF BUSINESS OR			ITIZEN OF WHAT
duj	ing most of working life, even if retired) INDI	USTRY		M A	OUNTRY?
	Domestic FATHER'S NAME		Halfway,		OA.
	George T. Davis		Harriet		
TS.		OCIAL SECURITY NO. 17 IN	NFOR MANT	Address	
(Ye	s, no, or unknown) (If yes give wor or doles of service)			s 55 W. Bethel	St.
	TB. CAUSE OF DEATH (Enter only one couse per line for (c	o), (b), ond (c).)			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Ce1	rebral Hemorrh	age		ONSET AND DEATH
	JULE TO				
	Conditions, if any, which gave) (b)				
	nse to immediate couse (a), Stating the underlying couse		_		
	last (c)				
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	19 WAS A TOPSY PERFORMED?
A I					YES NO
CERTIFI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED (I	Enter noture of injury in P	ort I or Port II of item IB)	
)(At	20r. TIME OF IN HRY Month Day Year 20d IN!	URY OCCURRED 20e PLACE	E OF INJURY (Home, form,	. 20f (City or town) (C	ounty) (State)
Ž.	Hour o.m While p.m. 19 of work	Not While of focto	ry, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) attende	ed the deceased fram	May 2, 19	67 , to May 28 , , 19	67, that (I) (we) lost
	saw the deceased alive an May 28,	19 <u>67</u> , and that	-death occurred at _	1:15pM, from causes and an	the date stated obove
	220 SIGNATURE	1/1	ATTENDING BELL	MED. STAFF 22b	DATE SIGNED
	Louis E	MONTAND	PHYS (X)	DIRECTOR PHYS	5/29/67
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME(Type) Donald E. Martin,	, M.D.	418 N. Po	otomac St., Hagers	town, Md.
230	BURIAL, CREMAT ON, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)
I	REMOYAL (Specify) Surial May 31 1967	Rose Hill (Jemetery	Hagerstown Ma	arvland
24	FUNERAL DIRECTOR	ADDRESS	2So REC'D	BY REGISTRAR 25b REGISTRAR 5	SIGNATURE
7	the R Watson on House	rotown mid.	DANUN	2 1967 Milian	a Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. filled in by the funeral and papers. Pages and on papers. Pages outhin 72 hours after Completely event, OV COM director, page 3 should be detached for use as the burial-transit permit. Then please renfa should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please rent Page 4 may be retained by the haspital ar attending physician VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DECTON CIDEET DAITIMODE MADVIAND 21201

Division of STATISTICAL RESEARCH AND RECORDS, S	SUL W. PRESIDE SIREEL, BALLINIORE, MARILAND	21201
CERTIFICAT	TE OF DEATH	07286
	2. USUAL RESIDENCE (Where deceosed lived, if institution Resi	
1. PLACE OF BEATH	o. STATE b. COUNTY	
Washington Maryland		lashington
L CITY OR TOWN I tay to do coronante Emits I C LENGUI DE MAI IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
write RURA. and give nearest form Md. 16 days	Hagerstewn, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
Washington Co. Hespital	Rural 2	YES NOTE
3 NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Helen May De	nnis DEATH May	22, 19 67
S SEX 6 COLOR OR RACE 7 MARRIED # NEVER MARRIED	R DATE OF RIPTH 9. AGE (In years IF UNI	DER I YEAR IF JNDER 24 HRS
Female White WIDOWED DIVORCED	March 14,1909 lost bighdoy) Month	hs Doys Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
during most of working life, even if retired)		COUNTRY?
	Clear Spring, Md.	U.U.N.
13. FATHER'S NAME		
Andrew Forsythe	Mollie Snyder Mollie Snyder Address	
15 WAS DECEASED EVER IN . S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) 213-48-5464	r, in onnen	12 363
Ne Nene 213-48-5464	George P. Dennis Rd.2, C	Lspg. Md.
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest		Instant
TIMMEDIALE CAUSE (0) CHATCHAG ALTHEST		
	Stenosis With Left Heart	
rise to immediate couse (o).	Failure.	Recent
stating the underlying couse	rallure.	A00 (CO11)
last. (c)	TO THE TERMINAL DISEASE CONDUTION OWEN IN SART 1/)	19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	IO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 White Not White		YES NO V
200 ACCIDENT WAS JNDERLYING (20b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Port I or Port II of item 18.)	
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town)	(Caunty) (State)
Hour o.m. 19 White Not While p.m. 19 of work	factory, street, affice bldg , etc.)	
p.m. of work and or work and from	5-8- 19 67 to 5-22-	19.57, that (I) (we) last
saw the deceased alive on 5-22-1967, and t	that death accurred at 2 P M, fram causes and c	on the date stated above.
sow the deceased drive on	22	b. DATE SIGNED
LLU. JIUINIUM	M.D. PHYS. DIRECTOR PHYS 5	3-23-57
22c PHYSICIAN'S	22d ADDRESS	
NAME (Type) Dr. E. W. Ditto, Jr. 2	15 W. Washington St., Hagersto	wm. Md.
		(County) (State)
230. BURIAL (REMATION, REMOVAL (Specify). 23b DATE THEREOF 23c, NAME OF CEMETERY	03 0 1	
Burial 5/24/67 St. Pauls	Cemetery Clear Sprin	g. Md.
24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRA	
Many Rowland Clear Spring	ng. Md. DATIMAY 26 1967 Action	enley Judge

Clear Spring, Md. DATMAY 26

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coproferely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove cache papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after and VR A15 (4) 20 M 1/66

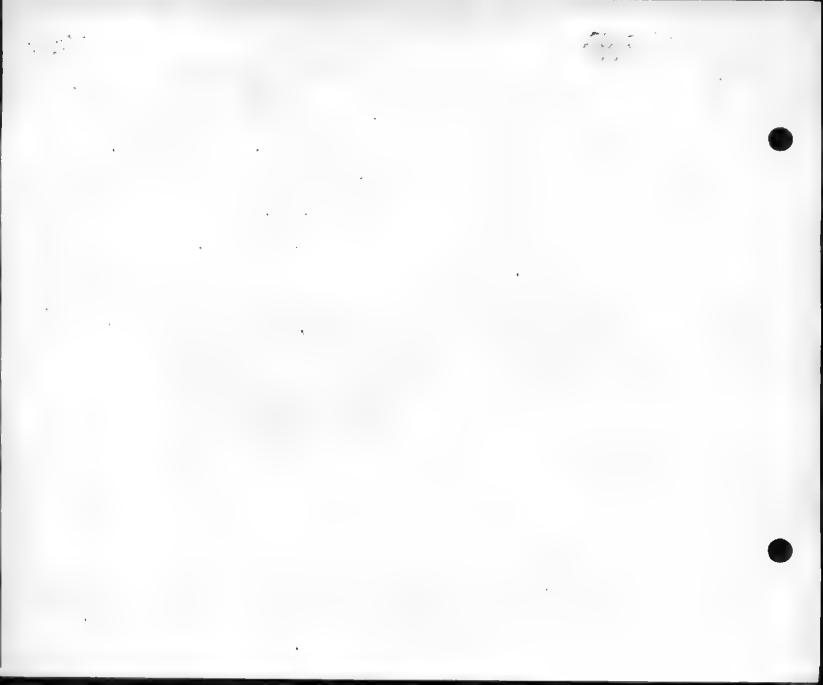


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07308 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington 6 COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH DE STAY IN 16 write RURAL and give negrest fown)
Hagerstown Hagerstown 25 years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 455 W. Washington St. Washington County Hospital NO [NAME OF First Middle 4. DATE Lost DECEASED Cleora Easterday Dorothea May 23, 67 (Type or print) DEATH 6. COLDR OR RACE IF JNDER 1 YEAR 7 MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED lost & rthdoy) Months Hours White female Apr. 20, 1899 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, execut retired) INDUSTRY COUNTRY? Mt. Airy, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. McClelland Agnes V. Barnes 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) [Iff yes give wor or dates of service Leroy Easterday, Hagerstown, Md. none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 11/101 DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REATED TO THE ARRANGE CONDITION GIVEN IN PART 1(c) WAS AUTOPS PERFORMED? NO 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) ot work at work 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 445 CM, fram lautes and on the date stated above saw the deceased alive-e 220 SIGNALINE DIRECTOR M.D. 22d. ADDRES 122c PHYSICHAN 23b DATE THEREOF 230 NAME OF COMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LaCATION (City or Town) Rose Hill Cometery 5-26-67 Hagerstown, ADDRESS 2Sa REC'D BY REGISTRAR Funeral Home, Hagerstown, Md.

within 24 hours after Beath. papers. Pag hin 72 hours a .⊆ and in any event, within 72 and campletely filled requires that the death certificate be exacuted remave burial, crematian, ar remaval, signed by the burial-transit as been as the prior ta TO HOSPITAL OR ATTENDING PHYSICIAN: The fow Health certificate detached f **DIRECTOR:** After be retained director, page 3 shauld shauld be filed with the TO FUNERAL

VR A15 (4)



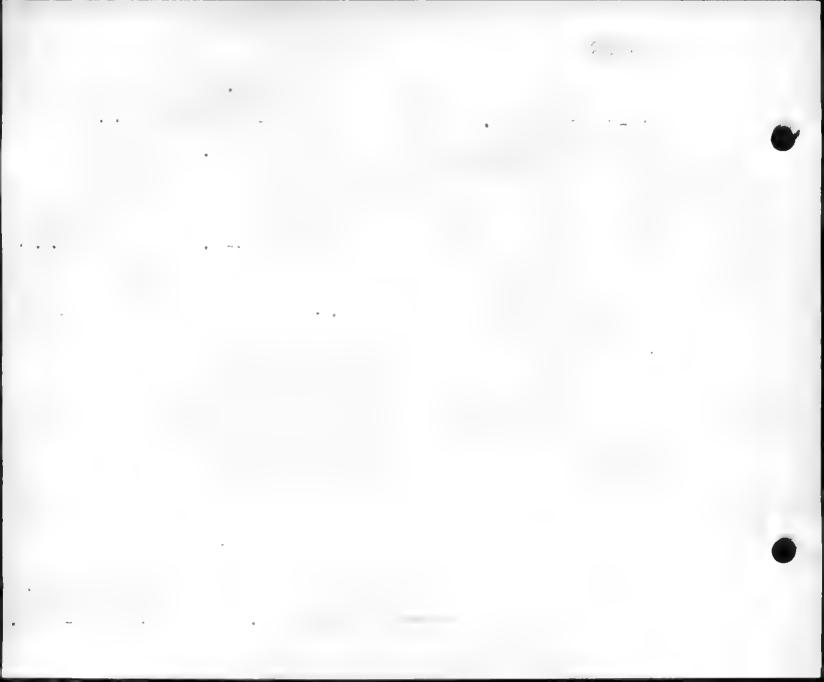
CEDTICICATE OF DEATH

67227

04303	CERTIFICATE	OF DEATH	+	01221
PLACE OF DEATH		2 USUAL RESIDENCE (Where	deceased lived, if institution	Residence before admission)
o. COUNTY Washington	MARYLAND	o STATE Penna.	b. COUNTY	Franklin /
b CITY OR TOWN (If outside corporate limits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside of		
Rural-Maugansville Md.	years	Rural_Chan	bersburg	R.R.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	e IS RESIDENCE
Maugansville Mennor		Greene 1	WID	ON A FARM? YES IC NO
3 NAME OF First	Middle	Lost 4 D		Doy Year
DECEASED (Type or pant) FANNIE	L.	TITOTE C	F MAY	23. 19 67
		B. DATE OF BIRTH	9. AGE (n years IF	UNDER 1 YEAR 1F UNDER 24 HRS.
	IDOWED 🔀 DIVORCED	9/25/1870	96 yrs Ma	onths Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote	, or foreign country)	12 CITIZEN OF WHAT COUNTRY? IT Q A
nousekeeper	Home Home	Franklin Co	-4 a .	COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	M T.	
Henry Ebers			Martha Lehr	nan
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of serv	ire	NFORMANT	Address	
No	Ira	.L. Eby R.I	R.#1, Chambers	burg Pa.17201
IB. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Arterioso	lerosis		5 years
DUE TO				
Conditions, if any, which gove (b) (b)	Arteriosclerotic C	ardio Vascular	Disease	
stoting the underlying couse				
lost (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	Enter notice of injury in Port I	or Port II of item IB)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d INJURY OCCURRED 20e PLAG	E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour o.m. 19	While Not While of work of work	ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital)	ottended the deceased from J	anuary , 1960	1, to May 23	, 19.67, that (I) XXXX lost
saw the deceased alive on <u>Bet</u>	ruary 19 57, and that	death accurred at 1:1	5 M, from causes and	an the date stated above.
220 SIGNATURE	- The second	ATTENDING MED DIRECT	CO STAFF CO	226 DATE SIGNED MAY 26, 1967
22c. PHYSICIAN'S	and a	22d. ADDRESS		***************************************
NAME (Type) E. W. DITT), JR. M.D.	215 W. WASH!	INGTON ST. HA	GERSTOWN, MD.
230 BUR AL, CREMATION, 23b. DATE THEREOF			d 10CAT ON (City or Town)	(County) (State)
Burial 5/27/1967	Chambersburg Mer	monite Cem. Cl	nambersburg_F	ranklin- Penna.
24. FUNERAL DIRECTOR	ADDRESS	2So REC D BY R	EGISTRAR 25b REGIST	RAR'S SIGNATURE
CHARLES M. ROUZER. H	HAGERSTOWN. MARYLAN	DATE MANY	3 1 1967 90	Carles Just

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compretely (illed in by the funeral director, page 3 should be detoched far use os the burial-transit permit. Then please remove carbon appers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any every, within 72 hours after delit Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO NOTHITAL OF ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 mounts after Weath.



1 PHACE OF REATH	DEATH	07288
PLACE OF DEATH	UAL RESIDENCE (Where deceased lived, if institution Residen	ce before odmission)
o. County o. S Washington Maryland	STATE Md 6. COUNTY BA	LTCIV
	Y OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
Rural Boonsboro Rfd. 1	ATONSVILLE	
	REET ADDRESS	e. IS RESIDENCE
Fahrney- Keedy Memorial Home	CEDARWOOD Rd.	ON A FARM? YES NO
3 NAME OF First Middle	Lost 4 DATE Month	Doy Year
(Type or print) Frances G. Fleag	gle OF May 12,	19 67
S SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 8 DATE	OF BIRTH 9. AGE (In years F UNDER)	
Female Waite WIDOWED DIVORCED Augu	1st 25,1884 82 birthdoy) Months	Doys Hours Min
100 US_JAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR IT BIS during most of working rile, even if retired) INDUSTRY		IZEN OF WHAT UNTRY?
during most of working life, even if retired) INDUSTRY		ONTRY -
13. FATHER'S NAME	OTHER'S MAIDEN NAME	
NEWTON GUNTHRIE S	NEAN TAKLOR	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMA	ANT Address	
(Yes, na, or unknown) (If yes give wor or dates of service)	ERT G. FLEAGLE	
18. CAUSE OF DEATH (Enter only one couse per lightfor (a), (b), and (c).)		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) THERE WAS A COLOR	· candas	ONSET AND DEATH
Ald st DUE TO	1	
Conditions, if ony, which gave) (b)	1/20100 A	J 420
rise to immediate couse (a),		
		1
stoting the underlying couse lost. (c)		-
stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH B. IT NOT RELATED TO THE TERM	ANAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH B. IT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH B. IT NOT RELATED TO THE TERM	· · · · · · · · · · · · · · · · · · ·	
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR CONTRIBUTING CAUSE OF DEATH	· · · · · · · · · · · · · · · · · · ·	PERFORMED?
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF ENTHER MOTIFEY MEDICAL EXAMINE)	oture of Injury in Part I ar Port II af item 18)	PERFORMED?
Stoting the underlying couse (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY Month, Day, Year While Not While 10ctory, Street	oture of Injury in Part I ar Port II af item 18.)	PERFORMED? YES NO
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED (Enter no OR CONTRIBUTING C	DURY (Home, form, 20f (City or town) (Cou	PERFORMED? YES NO (State)
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERM 2Da TONE OF THE TERM 2DA TONE	DURY (Home, form, 2Df (City or town) (Cot of fice bidg, etc.)	PERFORMED? YES NO (State)
stoting the underlying couse (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year While of work of twork of work of work of work of two the deceased dram 201. I certify that (1) (this hoppital) attended the deceased from 202 and that death	DURY (Home, form, 20f (City or town) (Country of	PERFORMED? YES NO (State) Antry) (State) 2, that (I) (we) last date stated above
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSED (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCRIBE HOW INJURY OCCURRED (Enter no Or CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year Mulle of While Not While of work of work of work of work of work and the deceased from Saw the deceased alive an 19 , and that death ATTE	DURY (Home, form, 20f (City or town) (Country of	PERFORMED? YES NO (State) Antry) (State) Antre Signed
stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year Hour o m. 19 While Not While of work of work of work of work of work and the deceased from Saw the deceased alive an 19 , and that death 220. SIGNATURE ATTER ATTER M.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Db DESCRIBE HOW INJURY OCCURRED (Enter no OR INJURY O	BURY (Home, form, 20f (City or town) (Countries bidg, etc.) 1 accurred at Many 196 ENDING MED STAFF 22b. DA	PERFORMED? YES NO (State) Antry) (State) Antre Signed
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Da TIME OF INJURY Month, Day, Year Hour a m. 19 While Not While of work and that death 21. I certify that (1) (this hospital) attended the deceased fram 19 , and that death 220. SIGNATURE M.D. ATTE	DURY (Home, form, 2Df (City or town) (Country brighted at Medical Country brighted Country brighte	PERFORMED? YES NO (State) Antry) (State) Antre Signed
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCRIBE HOW INJURY OCCURRED (Enter no While of Work of Work) Pm. 19 of work of work for otwork of work of	DURY (Home, form, et affice bidg, etc.) 2Df (City or town) (Country of the bidg, etc.) 2Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of town) (Country of the bidg, etc.) 3Df (City or town) (Country of town) (Country of the bidg, etc.)	PERFORMED? YES NO (State) ATT (I) (we) tage date stated above ATT SIGNED TO ATT (II) (WE) Tage The stated above
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da BUT NOT WE SUMMED TO THE	DURY (Home, form, et affice bidg, etc.) 20f (City or town) (Country of the bidg, etc.) 27	PERFORMED? YES NO (State) Antry) (State) Antre Signed
Stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db DESCRIBE HOW INJURY OCCURRED (Enter no While of work of work of work of work) 2Dc TIME OF INJURY Month, Day, Year While of work of w	DURY (Home, form, et affice bidg, etc.) 2Df (City or town) (Country of the bidg, etc.) 2Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of the bidg, etc.) 3Df (City or town) (Country of town) (Country of the bidg, etc.) 3Df (City or town) (Country of town) (Country of the bidg, etc.)	PERFORMED? YES NO (State) Inity) (State) ATE SIGNED (County) (State)

IN NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please formave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after deat



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 N7290 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY Washington MARYLAND Washington 5 CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give negrest town) Hagerstown Maryland 65vrs. Hagerstown Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Suter Suter NO V YES Ave Fist 3 NAME OF Middle Lost DATE Month OF DEATH DECEASED Joseph Gabriel French May 1967 (Type or print) AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH **NEVER MARRIED** lost birthday) Months Dovs Hours Colored WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Barber COUNTRY? INDUSTRY Front Royal USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jack French Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) World War 272-14-7046 Yes Nettie Suter Ave French INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-YOCKRDIAL IMMEDIATE CAUSE (o) DUE TO Anticoio Scibilotic DUE TO WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

Conditions, if ony, which gove) rise to immediate couse (o). stoting the underlying couse last.

20o ACCIDENT WAS UNDERLYING [

Hour o.m.

OR CONTRIBUTING CAUSE OF DEATH

24 haurs after death

within

requires that the death certificate be executed

by the haspital ar attending physician.

completely filled in by the love carban papers. Pages

hours

within

and in any event,

removal,

remove

please

signed by the attending ply burial-transit permit. Then burial, cremation, or remova

as the has been

detached far use te Dept. af Health

State

page 3 shauld to

directar, page shauld be filed

VR A15 (4)

20 M 1/66

pe

O FUNERAL DIRECTOR: After this certificate

be retained

Page 4 may

OR ATTENDING

CERTIFICATION

pillo

plysician

S SEX

Male

205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not While of work of work

2]. I certify that (I) (this hospital) attended the deceased fram are. 8

20e, PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

(City or fown)

19 63 to

(County) (Stote)

5, 1967, that (I) (we) last

NO J

ky 5 1967, and that death occurred of 549M, from couses and on the dote stated above saw the deceased alive on, 220. SIGNATURE

M. FENDER

DIRECTOR PHYS 22d. ADDRESS

PHYS.

MRY

(County)

22b. DATE SIGNED

230 BURIAL, CREMATION. Burial

Burial 24. FUNERAL DIRECTOR

22c. PHYSICIAN'S

NAME (Type)

23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY National 967

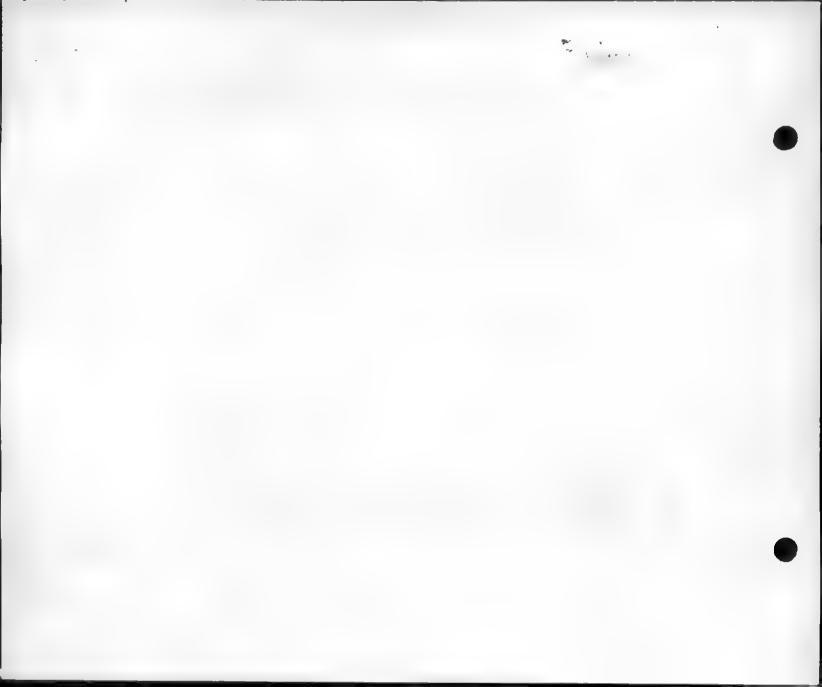
23d. LOCATION (City or Town) Cemetery Gett;

DAMAY

218 N. Potomice

Gettysburg. 25b. REGISTRAR S SIGNATURE

196



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07314 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a. STATE WASHINGTON MARYLAND b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 50 YEARS HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS WASHINGTON COUNTY 412 WEST WASHINGT HOSPITAL 3 NAME OF Middle 4. DATE Month DECEASED LOGAN ANTHONY GALLAGHER .SR DEATH (Type or past) TEUNDER I YEAR SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths WIDOWED X MALE WHITE DIVORCED MAY 4. 1891 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) ELDERTON. PENNSYLVANIA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME DAN S. GALLAGHER ANNIE R. (LAST NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 如您 W.WASHINGTON ST (Yes, no ar unknown) (If yes give war or dates of service) 705-10-5341 WILLIAM TERRY GALLAGHER, HAJERSTOWN, MARYLANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Bleeding Esophogeal varices IMMEDIATE CAUSE (o). DUE TO Canditians, if any, which gave Cirrhosis of the Liver rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Hame, farm, 20c. I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) Haur a.m. factory, street, office bldg., etc.) 21. I certify that (1) (this tospital) attended the deceased from saw the deceased alive an 7, and that death accurred at couses and on the date stated above. 220 SIGNATURE 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 159 W.WASHINGTON ST. HAGERSTOWN. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION REMOVAL Specify)

HAVEN CEMETER

ADDRESS

O FUNERAL DIRECTOR: After this director, page 3 should be filed v shourd t VR A15 (4) 25M 1/67

O HOSPITAL

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

ban papers. Pag within 72 hours

or remaya

crematian,

burial-transit

has

certificate

attending present. The

.⊑

filled

24 FUNERAL DIRECTOR

CHARLES M. ROUZER. HAJERSTOWN. MARYLAND

6/2/67

BY REGISTRAR 2 191

HAJERSTOWN WASH CO MARYLAND

(County)

(County)

DATE SIGNED

MAY 31, 1967

B IS RESIDENCE ON A FARM?

NO X

19 67

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

Not Known

19 WAS AUTOPSY PERFORMED?

NO X

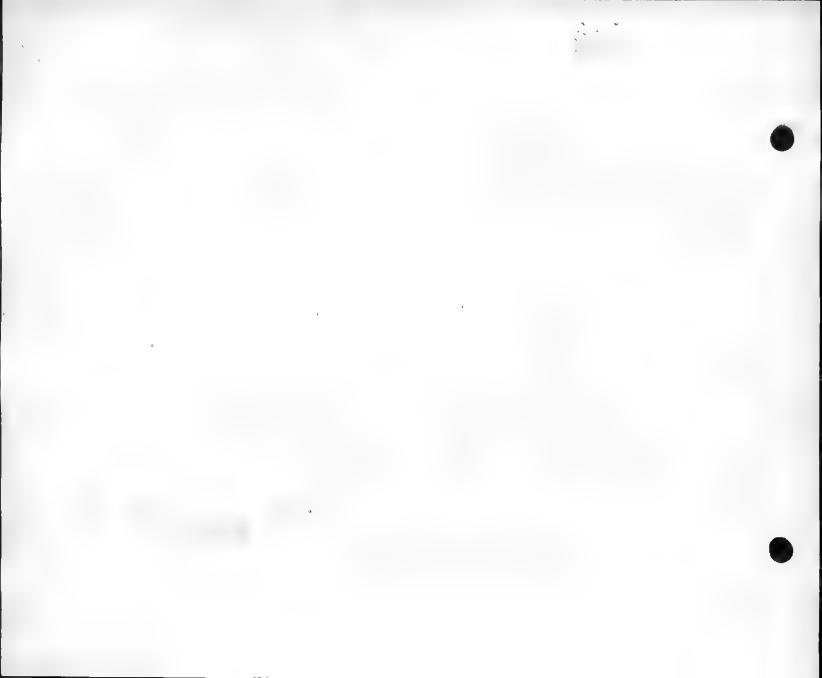
(State)

(state)

U.S.A.

Days

12. CITIZEN OF WHAT COUNTRY?



after death. State Department 2 mouns lafter deat

2, and 3 to. PM3. Page delay is

in pencil in Item 18. Give Poges 1,

O FUNERAL DIRECTOR: Poge 3 should be used os a burial-transit permit frie pages Land 2 w.th try Health or 1ts designated agent, prior to burial, cremation, or removal, and in any event within 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

the funeral directar. Page 4 should be forworded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY M.

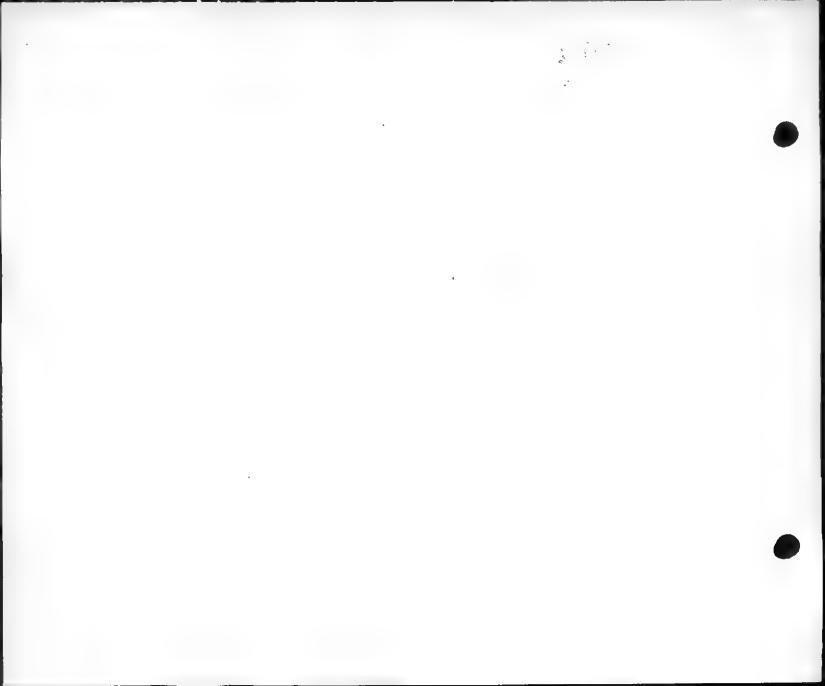
VR A15ME 6M 1/66

CAL EXAMINER: This certificate should be executed within 24 hours ofter death. I

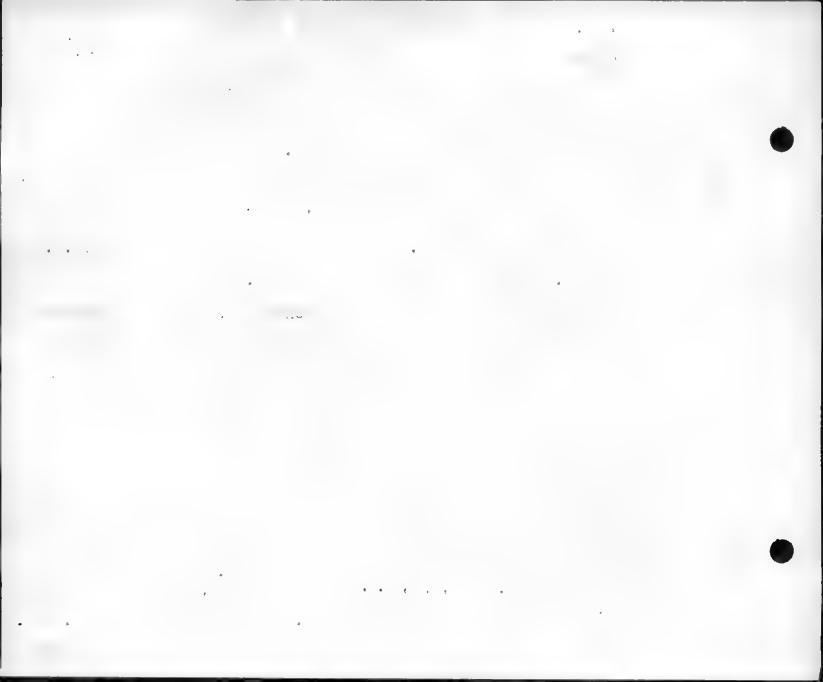
MEDICAL EX

(AMINER'S	CERTIFICATE	0F	DEATH	07	29	3

	o (OUNTY	Washing	gton	MARY_AND	a STATE Mary	land	OUNTY Was	shington			
		f autside carparate mil give nearest tawn)	s,	CLENGTH OF STAY IN 16		iutside carparate mits, write					
	Ha	gerstown		66 years	Hagerst	own	-				
		AL OR INSTITUTION (If n			d STREET ADDRESS			e IS RESIDENCE ON A FARM?			
		ngton Cou	inty Ho	spital_	355 Bryan Place YES NO						
	NAME OF DECEASED		rs†	Middle	.ast		Aanth	Day Year			
	(Type or print)	ME	ILE	SCOTT	GIBNEY	OF DEATH M	ay	21 19 67			
S	SEX	6 CO.OR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In year:					
	mals	White	WIDOWED [DIVORCED _	September	241900 asi britaday) Manths	Days Hours Min			
10a	JSUAL OCCUPATION	(Give kind of work dane		D OF BUSINESS OR	11 BIRTHPLACE (State	e or fareign cauntry)		IZEN OF WHAT UNTRY?			
400	ing most of working I lorist	ane, even in senied)	gre	enhouse	Hagers	town, Md	100	ONIKI			
13	FATHER'S NAME	7.7	, ,		t4 MOTHER'S MAIDEN						
		Wal	ter S.	Gibney	Elsi	e Conrad					
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 50	OC AL SECURITY NO 17	INFORMANT	A	ddress				
(II	no no	fir Asz Biss wat at galez	214	-09-03404	Frances	Gibney, Ha	gersto	wn, Md			
		ATH (Enter only one car		2. 4 P. 4 P.				INTERVAL BETWEEN			
	PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(a) 1) Br	ain stem d	amage			1 day DEATH			
	6	DUE	TO 2) Ce	rebral con	tusions						
	Conditions, Fany,		(b) 3) Su	barachnoid	hemorrhag	e with basa	al				
	rise to immediate stoting the under			d occipita							
	last	Trig toose	(t)								
27	PART II OTHER S	ONIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	INDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY			
CERTIFICATION								PERFORMED? YES NO			
TIFIC	200 EXTERNAL CA	USE WAS	20b. DESC	RIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port L or Port II of item 18.)					
	PRIMARY N or COI	NTRIBUTING L	-13	ndetermine	Fell str	iking head	ດກ ຕວາ	crete.			
MEDICAL	20c. TIME OF INJU	IRY Manth, Day, Year			ACE OF INJURY (Hame, fari			inty) (State)			
MED	Haur a.n	5/2H 16	7 While at work	Not While Gre	ctary, street, office bldg , etc een house	Hagersto	วพท ฟิล	sh. Md.			
				ains described abave, h	old an Autonou		nguiry [],	and in my opinian			
	death result		al causes	_	icide , Hamicide						
	dediii iesaii	ed Irdni. Majon	ii ransas [_]	, Accident XI, 30	CHIEF MED CA		manner	5/22/67			
	ACTUAL	4/2	100 V 16	Marke		D CAL EXAMINER		22. DATE SIGNED			
	SIGNATURE	- Contract	Vince or	UV		AL EXAMINER 3 580	Nort	hern Ave.			
	EXAMINER'S NAME (Type)	Howard N.	Weeks	, M.D.		et, city, tawn, or county) H					
230	BURIAL, CREMATIO		FREOF	23c. NAME OF CEMETERY O		23d LOCATION (City or		(County) (State)			
	REMOVAL (Specify)	5-24-	1967	Rivervie	Cemetery		Sport	Md.			
24	FUNERAL DIRECTO	R		ADDRESS	2Sa REC	D BY KEGISTKAR 256	REGISTRAR 5 SI	GNATURE			
	Minnic	h Funeral	Home,	Hagerstow	n, NE DATE M	IAY 26 1967	Milian	las Judge			

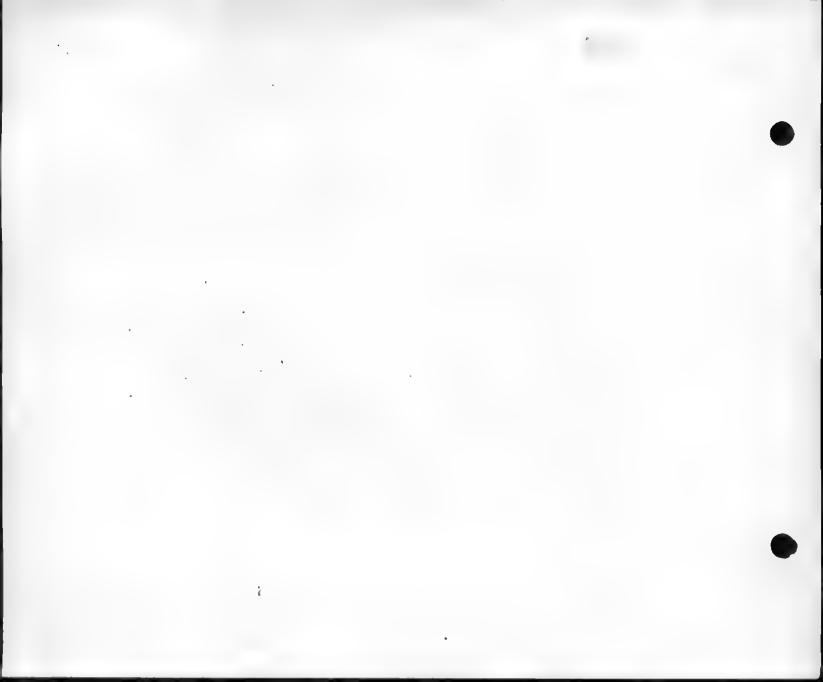


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.7294CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY b COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate amits, hours WITH THE THE STREET OF THE WORLD LIFE RURAL HAGERSTOWN requires that the death certificate be executed within 24 haurs d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) WASHINGTON COUNTY HOSPITAL RT.#6 HAGERSTOWN NO X Middle 4 DATE 3 NAME OF First East Year DECEASED DALTA GR IMM RAE MAY 67 DEATH (Type or pnnt) AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED iost_buthday) Days Hours FEMALE WHITE DIVORCED WIDOWFD 11 BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRYS DEPT. during RETTRED even LEFT K STORE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LILA V. BEARD IRVIN R. GRIMM WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT AdRT.#6 16. SOCIAL SECURITY NO (Yes, no. grunknawn) (If yes give war ar dates af service MISS CARRIE P. GRIMM HAGERSTOWN INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Occhescos IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been last. WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 179 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, affice blda., etc.) 21. I certify that (1) (this bospital) attended the deceased from Alexa , to May 24, 1967, that (1) (we) last director, page 3 shauld shauld be filed with the 1967, and that death accurred at 731 M, from causes and on the date stated above. DIRECTOR: saw the deceased alive an Mau 22b DATE SIGNED 220. SIGNATURE 5-26-67 M.D. 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Edward W. Ditto, III. M.D. Hagerstown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) ROSE HILL CEM. HAGERSTOWN WASH. MD. 250. RECD, BY REGISTRAR 3 1 1967 2Sb DATE



0700E

FOR STATE		OUDIO	MED	ICAL EXAMINER 3	CERTIFICATE OF	DEATH	(36433
JEALTH DEPT.	1. 1	PLACE OF DEATH			2 USUAL RESIDENCE (Whe			before odmission)
700 0	1	Washington		MARYLAND	Maryland	Wa	shington	
279 E		o. CITY OR TOWN (If outside corporate limits.	,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outsid	e corporote limits, i	write RURAL ond give	neorest town)
T, Z, o de la PM3 estado		write RURAL and give negrest town) Hagerstown		2 Yrs	Hag	erstown	21-	1
еро	ļ .	I. NAME OF HOSPITAL OR INSTITUTION (If not	t in hospital, g		d STREET ADDRESS			e IS RESIDENCE
		238 So Mulberry			238 So Mu.	lberry	St	ON A FARM? YES NOXEX
ith I	3	NAME OF First		Middle	<u> </u>	DATE	Month	Doy Year
Give Rog Give Rog My With		PECEASED Type or pnn1) DONALD	LE		- 1 '	DEATH May	10 1967	19
the Soive	S :		7. MARRIED	NEVER MARRIED E	3. DATE OF BIRTH	9 AGE (In	yeors IF UNDER 1	
orrs of ce of ce of d.2 w		male White	WIDOWED	D.VORCED XXX	March 19 19			Doys Hours Min
24 hours in Item 18 er's Office ges Tond 2 v	duri	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY ennell Co	11. BIRTHPLACE (Stote or the distance of the d		Co NG COUR	TEN OF WHAT NIRY? USA
		FATHER'S NAME	ه بـد	O += CHIELL OC	14 MOTHER'S MAIDEN NAM		oo ma.	UDA
ed within in pencil in pencil is Examiner. File page 72 hours o		Herman L.	Harrh	ongh			sherman	
	15	WAS DEFEASED SIZED IN HE ADMED CODICECO	14 5	OCIAL SECUDITY NO. 17 1	NFORMANT	D IG . HO.	Address	St
	(Ye	no, or unknown) (I yes give wor or dotes of	service 14	-09-7375 Mrs	Bertha M.	Harbau	11007000	o Mulbber
rd be execution pending. Chief Medical transit permitevent within		1B. CAUSE OF DEATH (Enter only one cous				erstown		INTERVAL BETWEEN
e ef / ef / nsit		PART 1. DEATH WAS CAUSED BY			hus sclow			ONSET AND DEATH
d d d d d d d d d d d d d d d d d d d		IMMEDIATE CAUSE (-	rounty at	Was a Carry	, 0		1-degue
shmula be a word per o the Chief burial-transit any event		e 1.		und aster	16 Schutze	(()	2	10 10
e sh he to bu in o		nse to immediate couse (a), (10	ACCESSE OF THE	to sealer	- Unc		1.015
certificate or writing to orworded or a cool, ond it		stoting the underlying couse lost		teno scleu	sti Gear	+ Disa	ine	ye
writh wo	2	PART I. OTHER SIGN F CANT CONDITIONS CO			HE TERMINAL DISEASE CONDIT	ON GIVEN IN PART	1(0)	19 WAS AUTOPSY PERFORMED?
this cert ate, wri e forwo be used emovol,	87 87 87 87 87 87 87 87 87 87 87 87 87 8	O Chronic Alcol	cleon	- O Rib Z	carfunes			YES NO
tifical tifical ld be uld b	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING C	20b DE:	SCRIBE HOW INJURY OCCURRED	Enter noture of enjury in Port	I or Port II of item	1B)	
cer cer nou lles. sho sho		CAUSE OF DEATH	20 11	JURY OCCURRED 20e PLAC	1. VALUEL 20 3:	1001 1000 00	(6	6.3
A MIII e the e 4 sl our fi ige 3	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a m	While	Not While focto	E OF INJURY (Home, form, ory, street, office bldg , etc.)	20f (City or I	town) (Coun	ty) (Stote)
Tanga Andrews		21 I certify that I taak charge			ld an Autonsy 🗔 🗂	nspection	Inquiry [7]	and in my aninia
A for				Accident [, Suici				and in itty apinto
rse ect cect cect cect cect cect cect cec) //	CHIEF MEDICAL EXA			
retaire DIR		SIGNATURE CAN GE (40 8	19/0 TH	_ M D ASSISTANT MEDICAL			22. DATE SIGNED
DEPTY DECESSORY, El The funeral of The function of The		4	ashins	ston St	DEPUTY MEDICAL EX		و agerstow	7/11/67
ecessa ecessa moy FUNE eolth	23.0	BURIAL, CREMATION, 23b. DATE THE		23c NAME OF CEMETERY OR C		23d LOCATION (Ci		
5 4 2 5 4 6	230	BUY (891) 5/12/6	7	Rose Hill Ce			own Wash	Con Md
H. Walley	24	FUNERAL DIRECTOR Hagersto	wn_Md	. ADDRESS		REGISTRAR	256 REGISTRAR 5 SIG	NATURE



BUSDE

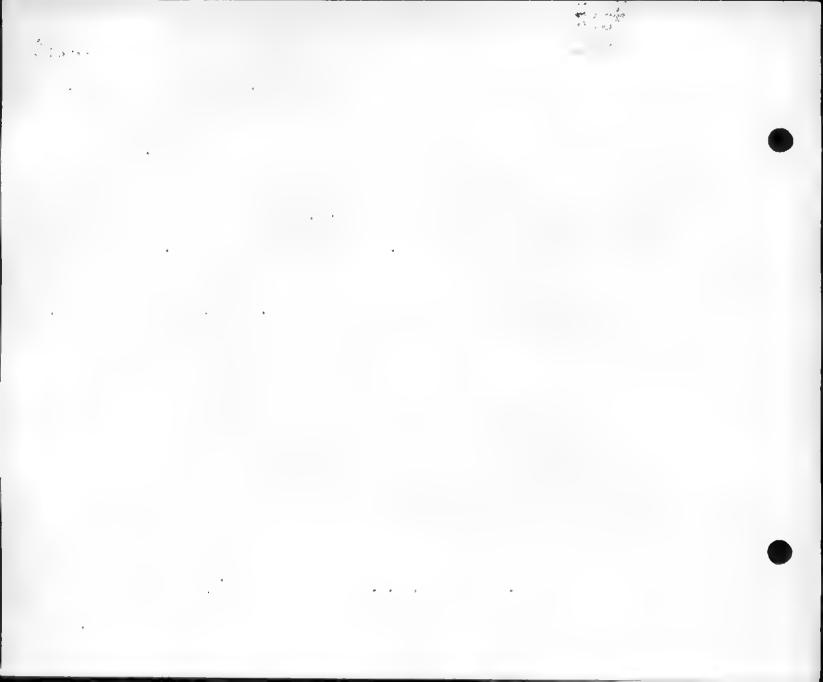
	OFOT	f	CERTIFICATE	OF DEATH		U1430
Ī	PLACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased lived, if institut	ion Residence before admission)
	a. COUNTY	Washington	MARYLAND	a STATE Md.	b. COUI	Wash.
	b CITY OR TOWN (IF a	utside corparote iimits,	c LENGTH OF STAY IN 16		ts de corporate amats, write RU	RAL and give nearest town)
	write RURAL and mi	OMD officer (dwn)	54 years	Hagerst	own	× 1
ı		OR INSTITUTION (If not in hasp		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
i	Washing	ton County	Hospital	425 Cla	rendon Ave.	YES NO
	NAME OF DECEASED	First	Middle	Last	4 DATE Man	
	(Type or print)	Margare		Head	DEATH	May 27, 19 67
1			Car Harding	B. DATE OF BIRTH	9. AGE (n years Lost birthday)	Manths Days Hours Min
_	female	white WIDON		ec. 20,18		
	Oa USUAL OCCUPATION (Gi luring mast af warking life,		Db. KIND OF BUSINESS OR INDUSTRY		& State, ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
L		S	shoe mfg.		ille, Va.	
	13. FATHER'S NAME	John Gordon		14. MOTHER'S MAIDEN N		T 1 and
L					Mary E.	
	IS. WAS DECEASED EVER IN (Yes, no, or unknown) ((If	IUS ARMED FORCES? yes give war or dotes of service)		NFORMANT	Addro	
	no		214-09-567	James W.	Head, Hager	
		H (Enter anly ane cause per line NAS CAUSED BY:		211	c /	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Tulmonary ?		· Seconda	
1	Canditians, if any, w	DUF TO	m chalicusto	Janes och	hole do chus	four 2 - L
1	rise to immediate c	ause (a), (DUE TO			100-000	Ja Cay
	stoting the underlying	ng couse	Appenelle for	12/		
	PART II OTHER SIGNI	FICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY
2	5					PERFORMED?
7 Republican	200 ACCIDENT WAS UN	IDERLYING [20	b DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in l	Part I ar Part II of item 1B)	1 10 11 10 12
18	OR CONTRIBUTING (IF EITHER, NOTIFY MED				,	
	20c. TIME OF INJURY			CE OF INJURY (Hame, farm		(County) (State)
1	Hour a.m.		While Nat While at wark	ory, street, affice bldg., etc.)		
1			ttended the deceased from $oldsymbol{arrho}$	61.23 1	967 to May	27, 1962, that (I) (we) la
	saw_the dece	ased alive on Hay	27 1967, and that	deoth occurred at	11 19 M, from causes	ond on the date stated abov
	22a SIGNAT JRF	01.0	8/	ATTENDING -	MED STAFF	22b DATE S GNED
	Clivac	XWXII	YO IL MD	PHYS 124	DIRECTOR L. PHYS L	5-29-67
-1	ZZc PHYSICIAN'S NAME (Type)	Discount II TH++	o, III, M.D.	22d ADDRESS 21'		
<i> </i>					gerstown, Mary	
	230 BJRIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCAT ON (City or To	, , , , , ,
		5-31-67	Rest Haven	Cemetery		wn, Md.
	MINITION]	Funeral Home	e, Hagerstown,	Med 25a REC'D		EGISTRAR'S SIGNATURE
			,BOY BOOMII,	Md. DATE U	N 1 1967 2	Misuley Judge

OR ANTHINDING MAYINGIAN: The law requires that the death certificate be executed within 24 hour **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion ond director, page 3 should be detached for use as the buriol-transit permit. Then please remayshould be filed with the State Dept of Health prior to burial, crematian, or removal, and in any Page 4 may be retained by the hospital or attending physicion. TO MOSFITAL VR A15 (15 25M 1/67

of papers Pages I and 2 within 72 hours after death.

estunerol

ompletely filled in by



	07318	CERTIFICATE	OF DEATH		07297
	PLACE OF DEATH a. COUNTY A a s/z in 9	to 17 MARYLAND	2 USUAL RESIDENCE (Where decease a. STATE	b COUNTY 7	anklit
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	Md (LENGTH OF STAY IN 16	CITY OR FOWN (If autside carpara		e nearest tawn)
	d NAME OF HOSP TALL OR INSTITUTION (If not fr	paspiral give street andress	310 Nor	th Grant	e IS RESIDENCE ON A FARM? VES NO
	NAME OF DECEASED (Type or print)	May He	nnenberger Death	Manth May	Day Year 1 19 <i>67</i>
\$	7 W	WIDOWED DIVORCED	6ct30, 1881	AGE (In years IF UNDER Manths Yrs	Days Haurs Man
duri	USUAL OCCUPATION (Give kind of work done ing most afwarking life, even if ret red) FATHERS NAME	10b KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County & State or for		DUNTRY?
15	A TI	The Social Security NO 17. II	Annie E.	Banker 27	FIND Va AVE
(Ye	18 CAUSE OF DEATH (Enter anly one cause	183-07-41540	mark furguo	11	m S PT. 217 95
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	Consulary	Occusion	-	ONSE AND DEATH
	Canditions, if any, which gave is to immediate cause (a). Stating the underlying cause (c).	Stypertons	we ex. De	rease	10 yes
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELAYED TO T	HE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
IL CERTIFICATION	20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part	r II of item 18)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, 20f iry, street, affice bldg., etc.)		ounty) (State)
	21 certify that (I) (this haspite saw the deceased alive an	al) attended the deceased from 64-30 1967, and that	death accurred at 2:15 A M	, fram causes and an t	
	220 PHYS CIANS	Comad MO	ATTENDING MED DIRECTOR	STAFF D 226 D	1-1-67
220	NAME (Type) Rober	F CO222 and	Hay	genstown,	Ma
	PUNERAL DIRECTOR 5 3	67 Preen A	LEP Ceye, 200 De REGISTR	CATION (City or Town) OYNESO LAR 256 REGISTRAR S.S.	(County) (State)
	a. E. Mumic	4- Streen cast		967 Poliones	es Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I ward 3 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any empt, within 72 hours after death. 10 NOSHIAE OR ATTERNING PHYSICIAM: The law requires that the death certificate be mecuted within 24 hours after dea Page 4 may be retained by the haspital or attending physician

VR A15 (4) 25M 1/67



\		0731	3 *		CE	RTIFICATE	OF	DEATH				ß	720	22	
/		PLACE OF DEATH						AL RESIDENCE (Where dec				ce befar	e admissi	an)
	C	COUNTY W	ASHINGTON			MARYLAND	o. S	TATE Mad	YLAN	ו	b. COUNT		IV OIL	INGT	ON
	ŀ	CITY OR TOWN (f autside camarate l	ımits.	E. LENGTH OF		c (ITY	OR TOWN (if o			rite RJR/				21)
		write RURAL and	A LERST OWN	Ī	1.7	TFE		HAS	ERST	CULTNI					
			AL DR INSTITUTION (-		d STR	EET ADDRESS	THEFT	OHI			-	e IS RESI	DENCE
4			NGTON COU			,		522	ייוס	NOLDS A	ተመንጀት	TTC		ON A F	ARM?
	3	NAME OF	1 01 011 000	First	Mid	dia	Ж	Last	4 DAT		Manth		Day		I-dial
	1	DECEASED	CATE	ERINE			TŤ		OF	_			,		
) .	5 5	Type or print)	6 COLOR OR RACE	-		CLIZABET		HESS	DEA	TH IN AGE (In y	AY	1F UNDER	1 YEAD	I IF UNDER	67 24 HPC
,				7 MARRIEI					0.4	last birth		Manths	Days	Hours	Min
	_	EMALE	WHITE	WIDOWE				19, 19		65	Yrs	1 10 01			
	durii	osual occupation ng most of working SECRET	(Give kind af wark d life_exen if retired)		KIND OF BUSINESS		1	THPLACE (County				CO	「IZEN OF UNTRY?		
		10.41	ARY	LA	WYERS OF	FICE		SHINGTO		MARYI	AND		U,	S.A.	
	13	FATHER S NAME					14. MI	THER'S MAIDEN							
		DANIEL	4				L		EN L	USHBAUG					
	IS. IYes	WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes give war ar da *****	tos of convice!	S. SOCIAL SECURITY		NFORMA	NT			- Addres	REYNO	T.DS	AVE	
	,,,,,,,	NO	****	* 2	15-18-26	524 MI	SS	EANETTE	McC	LATH	IAGE	RSTO	JN _	MD.	4
		1B. CAUSE OF DE	ATH (Enter only one	cause per line t	or (a), (b), and (c).)	1		1//	//				ERVAL BET	
		PAKI I. DEAI	'H WAS CAUSED BY IMMEDIATE CA	USE (a)	uch	me	1	gall	ru	dac	_		LLON	SET AND I	JEATH .
		1		DUE TO	1.077	0.	1	0, 1			4			1	
		(b) WW Which gave (b) (b)													
		stating the underlying cause DUE TO													
		lost (c) Market													
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(a)										WAS AUTO PERFORM	OPSY ICD2		
/	CERTIFICATION	Sam	al re	Mer	Lin	non	ne						Y	ES CA	
	E I	200 AGENT WAS		/ 20b	DESCRIBE HOW IN	JURY OCCURRED	(Enter na	lure of injury in	Part Lar I	Part II of item	18.)				
		OR CONFRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)												
	MEDICAL	20c TIME OF INJU	IRY Month, Day, Yes	r 20d	INJURY OCCURRE	D 20e PLA	CE OF INJ	URY (Hame, farr	n, 20 1	f. (City or to	wn)	(Car	unty)	-	(elo12)
	選	Hgur a.e		19 Whi	le Not While ark at work		ary, stree	, affice bldg , etc)						
			y that (I) (this				el	, ?	967	to ma	-16	196	7th	at (I) (we) las
			ceased alive on			7, and that						ind on th	ne dat	e statec	dabove
		22a. SIGNATURE	(1)		17	/ /	477	NDINA	NEO.	CYAFF		22b. D/	ATE SIGN	ED	
		44	Eliver	nu L	Hack	Can A MI	ATTE	NDING E	MED DIRECTOR	STAFF PHYS		M	AY E	3, 19	367
,		22c PHYSICIAN'S				1		I. ADDRESS							
		NAME (Type)	DR. LAWR	ENCE L.	PACKER	JR.	14	5 W. WA	SHIN:	TON ST	. H	ALERS	TON	M V),
3	230.	BURIAL, CREMATIC	N, 23b DATE	THEREOF	23c NAME (OF CEMETERY OR	CREMATO	RY	23d	LOCATION (CITY	or Tow	m)	(Caunty)	(5	tate)
		BURTAL (Specify	5/9	167	ROSE	HILL C	EMET	ERY	HAU	ERSTOW	N. I	WASH.	CO.	MD.	
6.	24	FUNERAL DIRECTO		,	ADDRE			25RA REC				ISTRAR S			
3		CHARLES	M. ROUZE	R. HAG	ERSTOWN.	MARYLA	ND.	DATE	T O	1301	1		D X	1	,

HAJERSTOWN, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any exact within 72 hours after feet



m	AKTLAND STATE DE	CPAKIMENT OF REALIN	
DIVISION OF VITAL R	RECORDS, 301 W. PRES	STON STREET, BALTIMORE, MA	ARYLAND 21201

	07320	CERTIFICATE	OF DEATH	07299
	PLACE OF DEATH WAShing.		2 USUAL RESIDENCE (Where deceased lived, a STATE	6 COUNTY Wash,
	b CITY OR TOWN (If autside carparate limits, white RURAL and give nearest rown) A MAME OF HOSPITAL OR INSTITUTION (If not in the carparate limits)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de carparate iim'ts AUG CITY OR TOWN (If outs de carparate iim'ts A STREET ADDRESS.	
L	MAugansvill	e, Md.	Maugans	VLLE, Md. YES NO NO
	NAME OF DECEASED (Type or print) ANA	BAER	HORST OF MEATH M	Ay 31 Day Year
	Female White w	DOWED DIVORCED	April 8, 1877 9 age (1)	rthday) Manths Days Haurs Min.
dur	usual occupation (Give kind of work done nambs) of work earlier even if retried	10b. KIND OF BUSINESS OR	11 BIRTHPLACE/County & State, or Fareign count (L) ash. (O., MC)	12. CITIZEN OF WHAT COUNTRY, S. 4.
		ev	SUSAMA	Horst
15. (Yi	was DECEASED EVER IN U.S. ARMED FORCES? es, na, grupkaown) (If yes give war ar dates at serv	NONE S	, Leaher Herst	Mangansville, md
	1		ardio Vascular Diseas	INTERVAL BETWEEN ONSET AND DEATH 5 years
	I its for immediate taute for I	Senility	·	
	stating the underlying cause last. DUE TO			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🔀
L CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Part I or Part II of ite	m 18)
MEDICAL	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, 20f (City at ary, street, affice bldg , etc.)	rtawn) (Caunty) (State)
	21. I certify that (I) (this hospital sow the deceased alive an April	attended the deceased from 1 1 15, 1957, and that	an. 20, , 1967 to Mar death accurred at 20.30M, from	y 31, , 19 <u>67,</u> that (1) (we) last causes and on the date stated above
	22a. SIGNATURE	Setto M.D		AFF 22b DATE SIGNED AFF 6-2-57
	22c PHYSICIAN'S NAME (Type) Dr. E. 77. Di	tto, Jr. 215 v		gerstown Md.
230	BURIAL COMATION 236 DATE THEREOF	67 23c. MAME OF CEMEJERY OR		(Type Town) (Caunty) (State)
24	LE, Munucl	- Grencaso	250. REC'D BY REGISTRAR DATE JUN 5 198	7 Action to Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. TO FUNIEW. ININCTOR: After this certificate has be≡n sign≡d by the otte≡ding physiciar and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremation, ar removal, (notine the year), within 72 hours after decide Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27321

		GEORT	CERTIFICATE	OF DEATH		1	78111		
		PLACE OF DEATH			here deceased lived, if insti		before admission)		
	ŧ	· COUNTY WASHINGTON	MARYLAND	· STATE MARY	LANI) b. (OUNTY WA	SHING-TON		
	1	b. CITY OR TOWN (f autside corparate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ade corporate limits, write	RURAL ond give r	neorest town)		
	04	write RURAL and give nearest town)	200	Rt 1 A	YAREASTON	IN. M.	ARYLANIA		
	J.	d. NAME OF HOSPITA. OR INSTITUTION (If not in h		d. STREET ADDRESS	1110-11-1		e S RESIDENCE ON A FARM?		
1,	4	PASHINGTON COUNT	4 ADSPITAL	KING S	STREET		YES NO		
		NAME OF Frst	Midd e		4. DATE M	lonth	Doy Year		
		DECEASED (Type or print)	SUE /	TORST	DEATH ///	A4 1	5 1967		
1	5 5	SEX 6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (n years tast birthday)		TEAR IF UNDER 24 HRS.		
	1	SIMILE VIII)	DOWED - HOF AND RED -	MAY 15, 146	yrs		4 10		
/		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or fareign country)		EN OF WHAT		
		NONE	NONE	WASNINGTON	Comuly, In	D.	UNST.		
	13.	FATHER S NAME	11.0	14. MOTHER'S MAIDEN NA	/	1-00			
		FRED LYNN	NOKST	SMARON	SUE K	CHULL	=		
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ocumb pown). (It yes give war or dates at serv	40)	NFORMANT	Ac	garess			
		NO NO	IVOIVE		<u> </u>		INTERVAL REPAIRS		
		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY	PRIMARY A7	TELECTAS	15		INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (o) DUE TO	PPHORPY III	CHCCIII	3	,	4		
		Conditions, if any, which gave) (b)	MARKED IMM	ATURITY	BIVTEW	4.1801	4 HRS.		
		n'se ta immediate cause (a), (Dur TO		/					
		stating the underlying cause (c) Prematurity							
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	OTTION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?		
řį	CERTIFICATION						YES NO NO		
	E	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I or Port II of item 18.))			
		OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f (City or town)) (Coun	ty) (Stote)		
	×	p.m. 19	at wark L at work L	,					
		21. 1 certify that (I) (this haspital	attended the deceased fram_	t death accurred at	67 to 5-	/ <u>\</u>	7 that (I) (we) las		
		saw the deceased alive an 3	19 6 /, and the	t death accurred at	a 'Zam, tram caus	es and an the			
		220 SIGNATURE	Reyser M.		MED STAFF DIRECTOR PHYS		15/67		
		22c. PHYSICIAN'S		22d. ADDRESS	C/	1/25-	25 /		
1		NAME (Type) TONALD	KEYSER_	101 5	ing JT.	MHGE	RSTOUN		
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c, NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	r Town) (I	County) (State)		
		REMOVAL (Specify) MAY 16, 1	967 WASHINGTON CO				Mary Mary Mary Mary Mary Mary Mary Mary		
	24	FUNERAL DIRECTOR	ADDRESS	2Sa REC'D	ed 45	REGISTRAR'S SIG			
		um 10 7 chaffer	adm hush as	1 A 100 0 10 10 10	12 1967 /	Charles	Jung		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and if any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

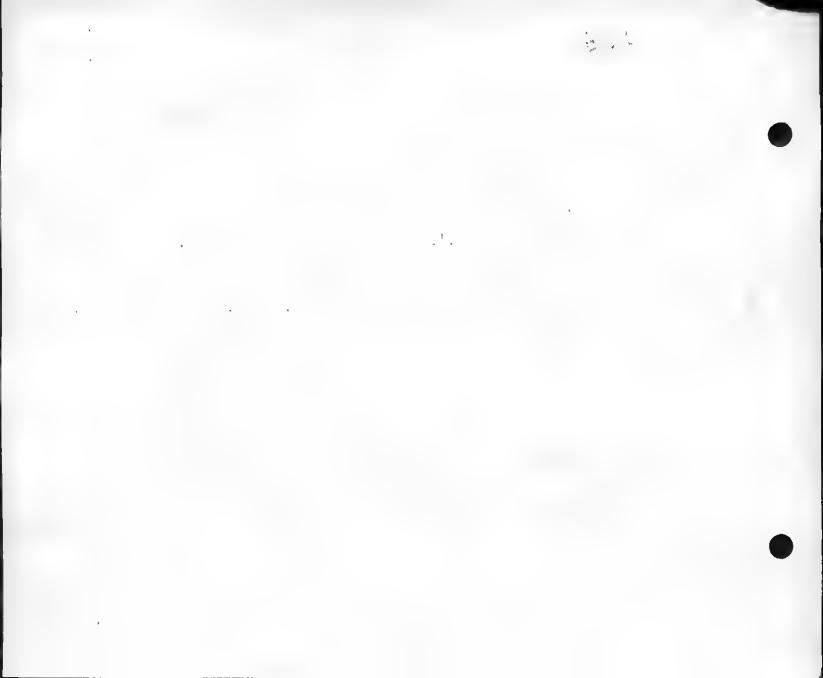
VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremotian, ar removal, and in any event, the state of hours after death. TO COPITAL TIR ATTENDING PRYSICIAN: The law requires that the Teath certificate be executed within 24 hours after duath Page 4 may be retained by the Imspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01066			CERTIFI	CATE	OF DEATH			0.7	301	
		PLACE OF DEATH o. COUNTY	Washing	ton	MARYL	AND	2 USUAL RESIDENCE (1 a. STATE	Where deceased lived	, if institution b COUNT	γ	vefare admiss	on)
	١.	b CITY OR TOWN (If ou write RURAL and giv lagerstow	e nearest tawn)	's,	c. LENGTH OF STAY IN		c CITY OR TOWN (If ou					
1		d NAME OF HOSPITAL O Washingto					RFD 3				e IS RES ON A I	IDENCE FARM? NO [2
)		NAME OF DECEASED (Type or print)	SARAH		ELIZABET		HOSE	4 DATE OF DEATH		18,	19	
	-	female	color or race white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		May 7, 192	9 AGE 1		Months Do	AR IF UNDE	ER 24 HRS Min
	duri	USUAL OCCUPATION (Given most of working life,	re kind of work done even if retired)		ND OF BUSINESS OR DUBTRY Offic	e	11 BIRTHPLACE (County Hagersto	•	ntry)	12 CIT ZEI COUNT	N OF WHAT RY?	
			ay Ford				14. MOTHER'S MAIDEN I	Naomi Naomi	Maue	gans		
		WAS DECEASED EVER IN (If y n O			SOCIAL SECURITY NO. 14-28-105		nformant red T. Hos	e, Hage	Address rstow		1.	
		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY IMMEDIATE CAUSE	(0)	(o), (b) and (c).)	~	any Im	tooli		-	INTERVAL BE ONSET AND	DEATH
		Canditions, if ony, wh nse to immediate co stating the underlyin last	use (a), { Due	(b)	rende	5	rizois	sdift			3-40	045
1	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RIVE NOT DELATED TO THE TERMINAL DISCASE CONDITION CIVEN IN DART 1(2)										
	MEDICAL CE	(IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY Hour o.m. p.m.	CAL EXAMINER)	20d. III While	Nat While	20e PLAC facto	E OF INJURY (Hame, form ry, street, office bldg., etc.)	, 20f. (City o	r town)	(County)	(Stote)
			hat (I) (this has sed alive on		led the deceased fi		death occurred of	M, fram			dote stote	
1		22c PHYSICIANS NAME (Type)	Sohn C	mo	von	мD	ATTENDING PHYS. 22d ADDRESS	DIRECTOR L P	AFF □	nd.	19/	2
		BURIAL, CREMATION, REMOVAL (PROFIL)	23b. DATE TH	-67	Rose Hil	11 (Cemetery	23d LOCATON Hagers	town,	Md.		State)
,	24 M	funeral director innich F	uneral l	Home,	ADDRESS Hagerstor	vn.	Md . DATE A 4 4	BY REGISTRAR		STRAR'S SIGNI		بالا



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Andrew K. Coffman Funeral Home, Inc., Haggrstowny

08761

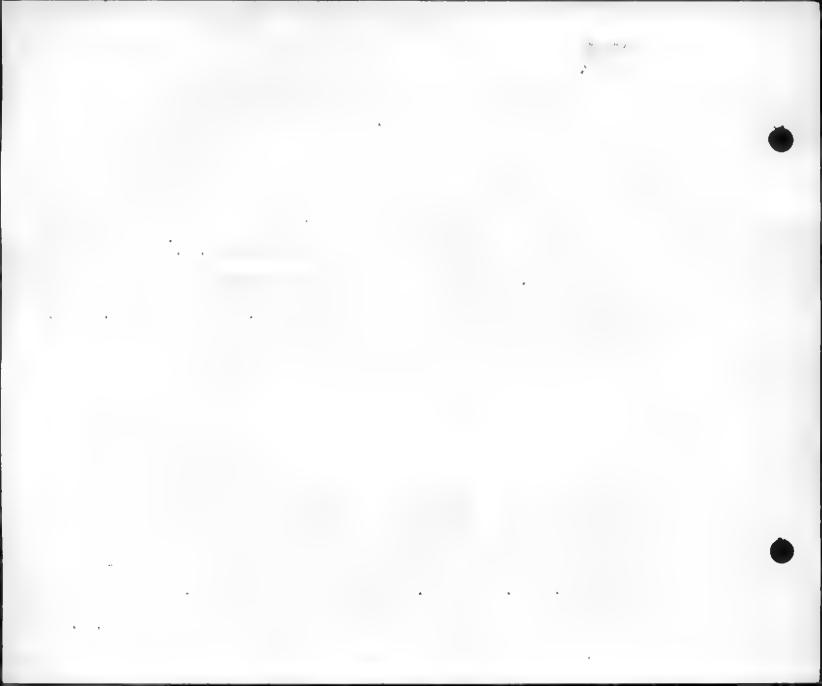
illiarles!

1967

9732	23		CERTIFICA	ATE	OF DEATH			0.0	OI	
PLACE OF DEAT	Н				2 USUAL RESIDENCE ()	Where decease			fore admission)	
o. COUNTY Washington			MARYLAND 0. STATE Maryland			b. COUN	Washington			
b CITY OR TOWN (If outside corporate limits,					C CITY OR TOWN (IF ou	itside carparat	e limits, write RUR	AL and give neor	rest town)	
write RURAL and give nearest town) Williamsport			3 Mos.		Williamsport Rt.			#1		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				e IS RESIDENCE ON A FARM?	
	Williamspor	t Sanit	arium		Del	llinger	Road		YES X NO	
3 NAME OF	F	itz)	Middle		Lost	4 DATE	Mont	h D	by Year	
(Type or print)	Le	ee	Hampton		Howell	OF DEATH	May		4 19 67	
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	3 8.	DATE OF BIRTH	Ĝ	AGE (In years	Months Doys		
Male	White	WIDOWED	DIVORCED [] 50	ept. 3, 18	77	lost birthdoy) 89 yrs	I months out	THOUS THE	
	NON (Give kind of work doni ing life, even if retired) Farmer	1Nf	ND OF BUSINESS OR DUSTRY LLICED		Distribute (County de l'		Va.	12 CITIZEN COUNTRY USA	Y?	
13. FATHER'S NAME					Charles To 4. MOTHER'S MAIDEN	NAVE				
	Joseph R. H	lowell			Susan Mil	ller				
S WAS DECEASED	EVER IN U.S. ARMED FORCES	16 5	OCIAL SECURITY NO	17. IN	FORMANT		Addre	22		
No.	n) Iti yes give wor or dotes		-54-0497	Geor	rge Howell,	Willi	lamsport	. Rt.#1.	Md.	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))								1	NTERVAL BETWEEN	
PART I.	DEATH WAS CAUSED BY. IMMEDIATE CAUSI	(o) Pneu	monitis				5		ONSET AND DEATH OBYS	
127		E 10								
	ony, which gove	(b) Arte	riosclerotic	: Ca	rdio Vascu	lar D	isease	5	years	
	rise to immediate cause (a), stoting the underlying couse DUE TO									
last.	}	(c)								
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	70 TH	E TERMINAL DISEASE CON	VEITION GIVEN	I IN PART I(a)] 1	9 WAS AUTOPSY PERFORMED? YES NO 5	
200 ACC DEN'T WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Post 1 or Port II of item 18)							II of item 18)			
20c TIME OF Hour	20c TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED While of work at work to at work									
	21. I certify that (I) (this haspital) attended the deceased fram 2-1-67, 19, ta 5-4, 19, 67, that (I) (we) ke									
	saw the deceased alive on 5-4- 1967, and that death occurred a 5:15PM, from causes and on the date stated above									
22o. SIGNATU	IRE // Se	18			ATTENDING -	MED	STAFF _	22b DATE SIG		
	N. ICE	Y	esta /	M.D	PHYS X	DIRECTOR	PHYS L	5-5-6	7	
22c PHYSICIA NAME (T	1	Ditto,	Jr.		22d ADDRESS	own, l	ld.			
230 BURIAL, CREM		HEREOF	23c NAME OF CEMETERY	OR CR			ATION (City or To	wn) (Coun	ity) (State)	
REMOVAL (Spe Buri	al 5/8/6	57	Rose Hill	Ceme	etery	Hage	erstown,	Wash.Co	Md.	
24 EUNEDAL DIDE		*	ADDRESS				IR 256 RE			

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages Y and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07324 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence be a. COUNTY a. STATE **b** COUNTY WASHINGTON MARYLAND. MARYLAND b CITY OR TOWN (If outside carporate nmits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) HAGERSTOWN HAJERSTOWN 11 YEARS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RES DENCE ON A FARM? WASHINGTON COUNTY HOSPITAL BELVIEW AVENUE YES NO X 3 NAME OF Middle DATE First DECEASED ROY PAUL HUBER MAY (Type or print) DEATH 67 8 DATE OF BIRTH 6 COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Hours MALE WHITE WIDOWED DIVORCED MAY 27, 1890 10o USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. TETIRED SCHOOL TEACHER INDUSTRY FOUNTAIN CITY. WISCONSIN PUBLIC SCHOOLS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GEORGE HUBER EMMA GEBHART 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 331 BETVIEW AVENUE. (Yes no orunknown) (If yes give wor or dates of service) 219-36-4728 MRS. LINDA B. HUBER. HAGERSTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART! DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH throm Cerebra IMMEDIATE CAUSE (o) DUE TO Auter 10 scler osi Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I at Part it at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20e PLACE OF NJURY (Home, form, (County) (City or town) (Stote) foctory, street, office bldg., etc.) 21. I certify that (I) (this house all vattended the deceased from NOV /3 e deceased from NOV 13 , 1957, to May 5 , 1967, that (1) (size) last 1967, and that death accurred at 3 A · M, from causes and on the date stated above. saw the deceased alive an May 22o SIGNATURE 22b. DATE SIGNED M D DIRECTOR PHYS. MAY 9. 1967 22d. ADDRESS NAME (Type) HOFFMAN. M.D. 214 N. POTOMAC ST. HAGERSTOWN, MD NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BURIAL CREMATION (Stote)

HAVEN CEMETERY.

ADDRESS

HAGERSTOWN WASH CO

25b REG STRAR'S SIGNATURE

250 REC D BY REGISTRAR

TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be file! with the O HOSPITAL 25M 1/67

24 FUNERAL DIRECTOR

CHARLES M. ROUZER.

within 24 haurs after death

requires that the death certificate be executed

funeral

by the 1 Pages

kampletely filled

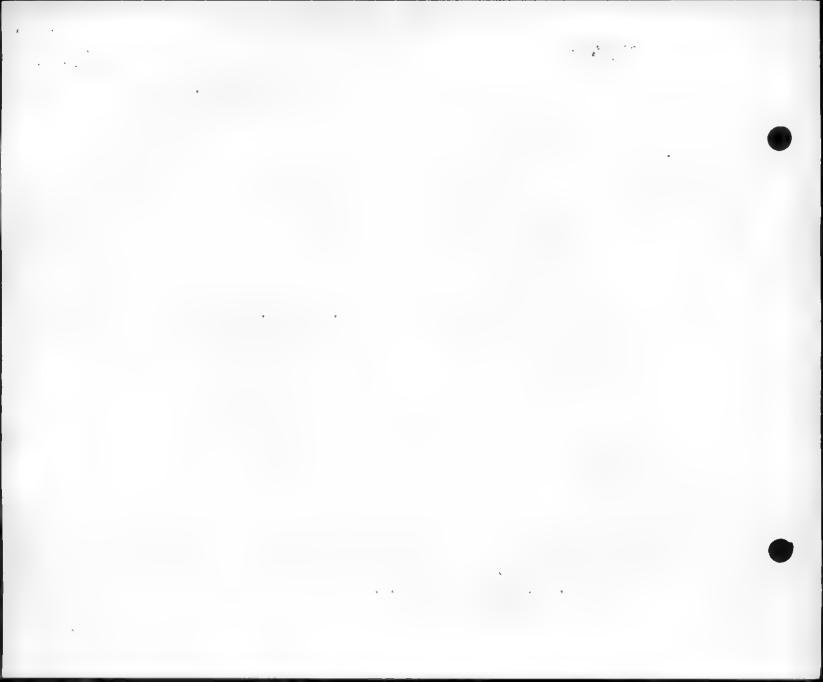
icion and

ve carban papers. Pages ev∎nt, within 72 hours af

and in IIIy

burial, cremation, or remayal,

this certificate has be n s letached for use as the b e Dept, af Health priar ta b



1

THE FUNE ALL DESCRIPTION When this certificate has been signed by the attending physician and completely filled in by the Twies director, page 3 should be detached for use as the burial-transit permit. Then please kemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the deall curtificate be executed within 24 hours after Page 4 may be retained by the hospital in attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0 632.			CERTIFICAT				LACERA_	
1.	PLACE OF DEATH	1			2. USUAL RESIDENC	E (Where deceased	lived, Il institution	n: Residence betore admission)	
a. COUNTY Washington			MARYLAND		Va.	5 COUNTY	Berkeley /		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						limits, write RU	RAL and give nearest town)		
write RURAL and give mearest town) Hagerstown		l week	(Rural marpers	Ferry	RFD #1	1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
Washington County Hospital			Harpers Ferry RFD #1 W. Va YES NO XX						
3.	DECEASED	First		Middle	Last	4. DATE OF	Month	Day Year	
	(Type or print)	ELLA		MARGARET	TSEMINGER	DEATH	May	15 19 67	
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED [8. OATE OF BIRTH	9. AGE	(In years IFUNI birthday) Month	DER 1 YEAR IF UNDER 24 HRS.	
Female White WIDOWED ONORCED			Nov. 27 1890 76 yrs. 5 16 Hours Min.						
10	10a. USUAL OCCUPATION (GIVE kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT								
	during most of working life, even if retired) Housewife Home Maryland COUNTRY? Home Maryland								
	. FATHER'S NAM				1 14. MOTHER'S MAIO		11		
١,	Charles	Drenner			Clara K	line			
15	. WAS DECEASED	VER IN U.S. ARMED FORC		OCIAL SECURITY NO. 1 17.	INFORMANT		Address		
(Y	(Yes, no, or unknown) (If yes give war or dates of service) 215-50-7748 Mr. H. Russell Iseminger W. Va.								
-	4 - 4-	DEATH [Enter only one c	ause ner lin	ne for (a), (b), and (c)] .			· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN	
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		while the	w-Bois			ONSET AND DEATH	
	,	*		0 0					
	Conditions, If	any which \	4 Peolis S	arterio Il	1-0-1		Years		
	gave rise to	Immediate (D)	-						
cause (a), stating the DUE TO									
×	underlying caus			TIME TO DEATH BUT NOT DEL	ATER TO THE TERMINAL O	NECASECONDITIO	NCIVEN IN DART I	I(a) 119, WAS AUTOPSY	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIE 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							PERFORMED?		
E	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
CER	OR CONTRIBUTION (IF EITHER, NO	NG □ CAUSE OF DEÄTH TIFY MEDICAL EXAMINER	1)						
20c TIME OF INITIRY Month, Day, Year 20d, INITIRY OCCURRED 20c PLACE OF INITIRY (Home, farm, 20f, (City or town) (County) (Sta									
MEDICAL	Hour a.r		While at work	Not While facto	ory, street, office bldg., e	tc.)			
21. I certify that (I) (this hospital) attended the deceased from 6-7-, 1965, to 5.75, 1962, that (I) (w									
saw the deceased alive on 5-15- 1967, and that death occurred at 7 M, from the causes and on the date								on the date stated above.	
								. DATE SIGNED	
	M.O. ATTENDING MED. STAFF 5. 16. 67								
	22c. PHYSICIA NAME (T)		Sto	COMARI	22d. ADDRESS	oons n	Ro M.	٠.	
23a. BURIAL CREMATION 1 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
	Burial May 18-67 Mt. View Cemetery Sharpsburg Md.								
	24. FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR 25b, BEGISTRAR 25b, BEGISTRA								
	Albert L	Leaf Willia	amspor	t Maryland	DAMAY	1 9 1967	1 man	- Pullan	

VR #15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07326 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY Washington Franklin MARYLAND b CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 10 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Waynesboro 10 Days ranpletely filled in b mave carbon papers. ny event, within 72 hor d STREET ADDRESS ON A FARM? Washington County Hospital 312 W. Third St. YES NO X 3. NAME OF Middle Last 4. DATE DECEASED OF. Kauffman DEATH (Type or print) Naomi 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remaye birthday) Days Haurs /15/1901 Female White DIVORCED and in any pub 10g USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CTIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired)
HOUSE WIIE **INDUSTRY** COUNTRY? U.S.A Emmitsburg. Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physical burial-transit permit Then plearial, cremation, or remaval, Albert Bowling Gertrude Goulden 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no. or unknown) (If yes give war ar dates of service) 173-03-0913B Mr. Chester B. Kauffman Sr., Maynesboro Pa. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: colon à mitastrois IMMEDIATE CAUSE (a) Advento Confront our e of attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health CERTIFICATION Stypentusion REACT disease NO TO FUNERAL DIRECTOR: After this certificate by the hospital ar 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I! of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m Not While factory, street, office bldg., etc.) State at work þe 9-5 1964 to J 1/6. 1967, that (1) (we) lost 21. I certify that (i) (this hospital) attended the deceased from. be retained 5716 1964, and that death accurred at 630AM, from causes and on the date stated above sow the deceased alive on 22b DATE SIGNED 22n. SIGNATURE STAFF PHYS. director, page 3 should be filed v M.D PHYS 22d. ADDRESS 22c PHYSICIAN'S Page 4 may · STURNBAKER NAME (Type) 1.14 W. WASHING TON HAGERS TOWN MY 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF {County} REMOVAL (Specify) Green Hill Purla Wavnesboro, Franklin Co., 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wavnesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07327 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STATE b COUNTY Washington Maryland Washington MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 write Rural ood give neorest town) Rural Hagerstown ll yrs Rural Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Hagerstown R. D. 5 YES IN NO Middle 4 DATE Month Year OF Wilbur Kelso Kauffman May 30 19 67 DEATH 9. AGE (In years 8 DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 79st birthday) 7 MARRIED Hours Sept. 15. 1887 White WIDOWED DIVORCED 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT Inc. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Heating Contractor COUNTRY? Self-employed Crawford Co., Ohio 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John L. Kauffman Ida M. Bonebrake 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 171-28-6401A Mrs. Wilbur K. Kauffman Hagerstown #5, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO DUE TO 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND YOU GIVEN IN PART 1(o) NO P 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Laf Item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Hour 'o.m.

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

270. SIGNATURE

22c PHYSICIAN'S

230 BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)
Burial

NAME (Type)

saw the deceased alive on Mari

23b. DATE THEREOF

/1967

a. COUNTY

NAME OF

Male

5 SEX

DECEASED

(Type or print)

within 24 hours

requires that the death certificate be

OR ATTENDING PHYSICIAN:

TO HOSPITAL

carbon

Romphe

one

physician (nen please

and in any event, wit

burial, cremation, or remayal,

DIRECTOR: After this certificate has been ge 3 shauld be detached far use as the lied with the State Dept. of Health prior to

directar, page shauld be filed

FUNERAL

2

VR A15 (4) 25M 1/67

ot work of work

Charles Spencer

NAME OF CEMETERY OR CREMATORY

Waynesboro, Penna.

Green Hial

ADDRESS

21 | certify that (1) (this haspital) attended the deceased from

22d ADDRESS

MD

, 196¹7_, ta_

and that death accurred at 2 A M, from couses and on the date stated above.

1967, that (1) (we) last

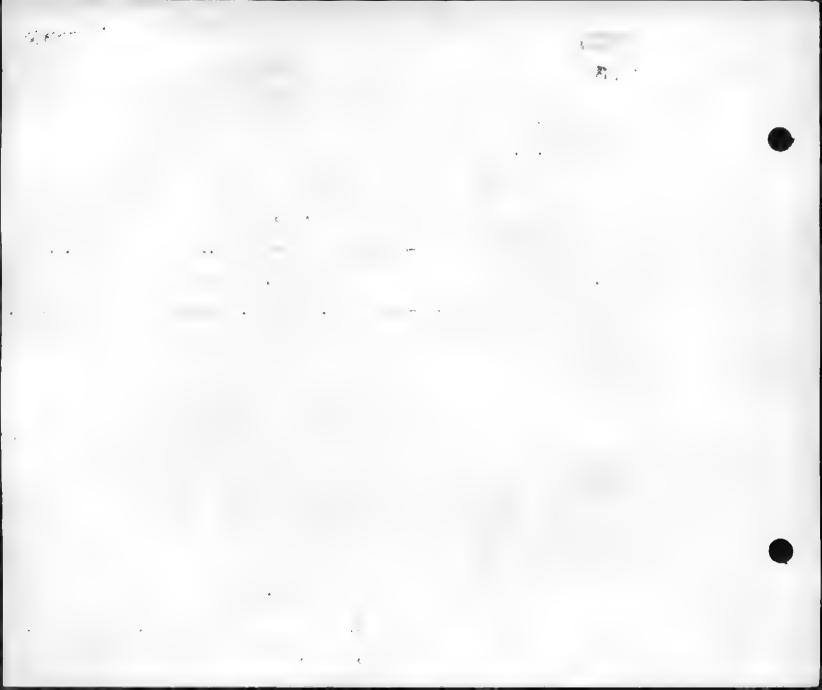
145 S. Prospect St. Hagerstown Mi

(Stote)

Waynesboro, Franklin
250. REC'D BY REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)

226 DATE SIGNED



a. COUNTY thin 72 hours after a completely filled in love carbon papers NAME OF DECEASED puo

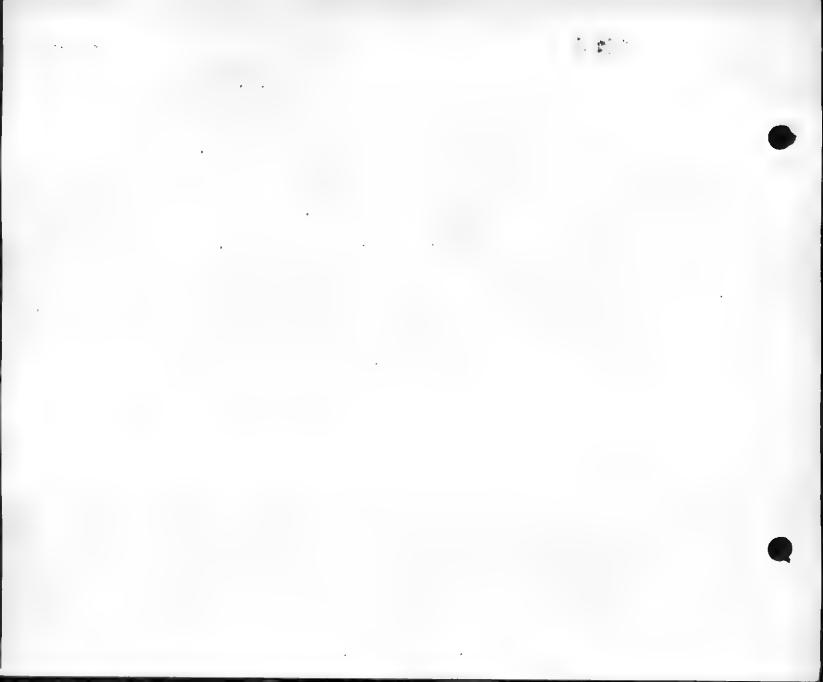
24 hours ofter

The law requires that the death certificate be executed

OR ATTENDING PHYSICIAN:

and in ony physicion on the please buriol, cremation, or removol, signed by the burial-transit hos been os the prior to be retained by the hospital or attending age 3 should be detoched for use f.led with the State Dept. of Health After this DIRECTOR: director, page should be filed FUNERAL

07328 07305CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE b. COUNTY Washington Wash. MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give necrest tawn)
Hagerstown c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 10 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? Washington County Hospital 1 Cheryl Dr. NO Middle 4 DATE First Last Year Ketterman Alma Lee May 27, 67 19 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Feb. 9. 1914 white female WIDOWED DIVORCED 10a JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) DUDITC school Hinton. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Kiser Shirley Trumbo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 531-26-8356 Josiah Ketterman, Hagerstown, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (City or tawn) (Caunty) (State) Hour a.m. factory, street, affice bldg, etc.) Not White 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at M, fram causes and saw the deceased alive an 3 12 an the date stated above. 22a SIGNATURE 22b DATE SIGNED M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN NAME (Type) 23a BUR AL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 10CATION (CHV or Town) 5-29-67 Brandywine, W. Brandywine Cemetery 24 FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #16 Film #G338 5/13/67 ÖF 07329 DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) o. State Maryland o. COUNTY b. COUNTY Washington perety filled in by the fur carban papers. Pages 1 rent within 72 hours after MARY_AND b CITY OR TOWN (If ourside corporate imits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town write RURAL and give nearest town) Md. Clear Spring. 30 hrs. Hagerstown Md 30 f d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? YES # Rural Spring MdNO. Washington Co. Hespita NAME OF Middle Month Year First Lost Doy DECEASED OF 19 67 May (Type or print) ine DEATH Franklin even OTOR OR RACE AGE (n years IF JNDER YFAR IF LINDER 24 HRS SEX B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** remave lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 26. White June Male and 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease GOUNTRY?A during most of working life, even if retired) Farming attending physician sermit. Then please Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Mellissa Naille William E. TS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs Catherine Kline, Clear Spring, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YES] NO. TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work L at work 2) I certify that (1) (this haspital) attended the deceased from 10 1960 that (I) (we) last saw the deceased alive an and that death accurred at M. from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 224 PHYSICIAN'S MAME-(Type) 22d. ADDRESS O HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL CREMATION, 23b DATE THEREO! 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Md. Rest Haven Hagerstown 250, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25b. VR A15 (4) Clear Spring, Md.



MARTE	MID SIMIL DEI AI	CIMENT OF HEALT		
DIVISION OF VITAL RECORD	S, 301 W. PRESTON	STREET, BALTIMORE,	MARYLAND	2120

0	7	3	3	0
---	---	---	---	---

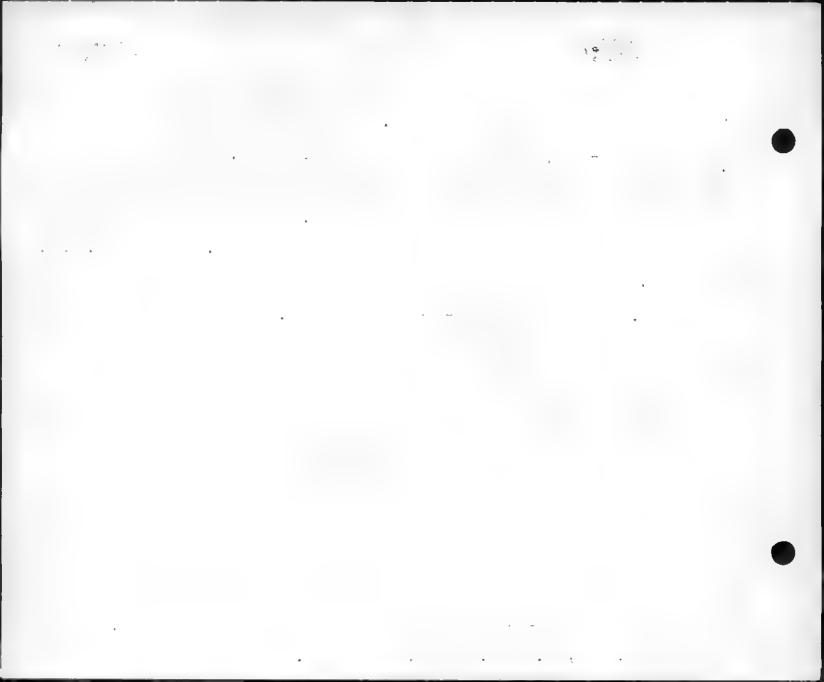
CERTIFICATE OF DEATH

07307

	LACE OF DEATH					2. USUAL RESIDENCE					1)
	Washingt				RYLAND	Maryland			ashing		
	CITY OR TOWN (I	foutside corporate limit	5,	t LENGTH OF STAY	IN 1b	c CITY OR TOWN (if o	utside corporate	limits, write RI	URAL and give	neorest town)	
	Rural Bo	l give necrest town) onsboro		5 Yrs.		Boonsbor	0			-1/	
	. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, g	give street oddress)		d. STREET ADDRESS				e IS RESIDE ON A FAI	NCE RM2
1	Fahrney-	Keedy Memo	rial H	ome		N. Main				YES 1	NCX
	NAME OF DECEASED	Fi	rst	Middle		Lost	4 DATE OF	Moi	nth	Doy Year	
	Type or print)	Anna	Eu	genia	L	akin	DEATH	May	31,		67
5. 3	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D X	B DATE OF BIRTH	9	AGE (n years lost birthdoy)	Manths	Doys Hours	24 HRS. Min
	Female	White	WIDOWED	DIVORCE	ED 🔲	Sept. 28,18	374 5	2 yrs	8	3	EL/III
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	y & State or fore	ign country)		IZEN OF WHAT	
don	ng most of working Housekee	lite, even if refired) Der	OW	n Home		Boonsbor	o. Md.		cot	U. S. A.	
13.	FATHER S NAME					14 MOTHER'S MAIDEN					
	A. Willi	em Lekin				Josephin	e Trous)			
15	WAS DECEASED EVE	RINLS ARMED FORCES?	16	SOCIAL SECURITY NO	17 [NFORMANT			ress		
	s, no, or unknown) No •	(If yes give wor or dotes	214	-46-5850	R	obert E. Le	kin. Bo	onsbor	o. Mar	vland	
	18 CAUSE OF DE	ATH (Enter only one cou	se per line for	(o), (b), ond (c).)		1				INTERVAL BETW	VEEN
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	(a) A- Teu	concino	Ma	1 brea	2-J -			CONSET AND DE	YUL,
	170%	DUE	TO			0	·				
11	Conditions, if any,		(b)								
	rise to immediat stating the under										
	last.	Hying coose	(c)								
	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN	IN PART I(a)		19 WAS AUTO	
IT ON										PĒRFORMĒI VĒS 🗀 N	NO 🗀
FICAT	2Do ACC DENT WAS	UNDERLYING	2Db DE	SCRIBE HOW INJURY	OCCURRED	Enter nature of in ary in	Port or Port	II of item 18)			
GERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				,,		,			
₹		JRY Month, Day, Year	20d II	NJURY OCCURRED	7De PLA	CE OF INJURY (Home, for	m. 2Df	(City or fown)	((0,	inty) (S	tote)
MEDICAL	Hour'o.r	n.	While	Not While		ory, street, office bldg, etc		,		**	,
	0.1	11	of worl		f	7-23-,	10 A 3 in	52 31	- 106	7 that (1) (unl Inn
	saw the di	ry inai (i) (inis nos erensed alive an	5 - 3/-	aed me deteosed	and tha	death occurred a	430P M.	from causes	and on th	ız, mor (ı) (w	opove
	220 SIGNATURE	1.0		_						TE SIGNED	
		Josep en	Wa	~/	M I		DIRECTOR E	STAFF D		-1-67	
	22c PHYSICIAN'S NAME (Type)	JOSEP#	SE	CONDA	PI	22d ADDRESS &	2001/51	30 RO	Hol		
230	BURIAL, CREMATIC	DN, 23b. DATE TH	EREOF	23c NAME OF CEA	METERY OR	CREMATORY	23d 10C	ATION (City or 1	lown)	(County) (St	ote)
	Buria I	6- 3-	- 67	Boonab	oro C	emetery	Boo	nsboro	. Md -		
4	FUNERAL DIRECTO	R		ADDRESS		2So REC	D BY REGISTRA	R 2Sb	REG STRAR S SI	GNATURE	
Jo	hn H. Ba	st, Jr. 112	N. Ma	in St. Boo	onsbo	ro, Md . DATE	IN 5	1967	Milliand	as Judge	*

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove action papers by and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event within 72 house after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y. the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon paper. Pages 1 and 2 shauld be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

	07331			CERTIFICAT	E OF DE	ATH			073	กล	
	PLACE OF DEATH o. COUNTY					ESIDENCE (\	Where deceased In			e belore odmi	ssion) -
	o. COUNIT		^J ashing	gton MARYLAND	o. STATE	Pa.		b. COU	Fr	anklin	
	write RURAL on	if outside corporate (mit I give neorest town) erstown	S,	L Year	c CITY OR		tside corporate la nesboro		RAL and give	nearest tawn)
-	d NAME OF HOSPIT	AL OR INSTITUTION (IF no	at in hospital,	give street address)	d STREET A					e IS R	ES DENCE
		son Conv.				509	W. Main	n St.		YES	A FARM?
	NAME OF DECEASED (Type or print)		nnie	Middle E .	Lee Lee	dy	4 DATE OF DEATH	Man M	th ay		Yeor 9 67
S.	sex Female	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BI 12/16	rth /1884	100	E (In years pirthday) yrs.	Months	Days Hou	DER 24 HRS rs Man
dur	ing most of working House D	(Give kind of work done life, even if retired) uties	10b. K	SIND OF BUSINESS OR INDUSTRY			& State, ar foreign <u>aynesbor</u> NAME		COL	ZEN OF WHAT JNTRY?	
13.	Samuel	Rock				r's máiden i ia. Bak					
15. (Ye		R IN U.S. ARMED FORCES? (If yes give wor or dates of	of service) 16.	SOCIAL SECURITY NO. 17.	INFORMANT			509 W. Vaynesi	Main	St.	_
	IB. CAUSE OF D	FATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	use per line fo (a)	r (a), (b), and (c))	***					INTERVAL ONSET AN	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.										
ATION	PART IF OTHER ST	GNIFICANT CONDITIONS C	ONTRIBUTING LEECLE	DISEASE CO	DITION GIVEN IN	PART 1(o)		19 WAS A PERFO YES	UTOPSY RMED? NO		
L CERT, FICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b D	ESCRIBE HOW INJURY OCCURRED	(Enter nature	of injury in	Part I ar Part II o	f item 18)			
MEDICAL	20c. TIME OF INJU Hour o.i	10			ACE OF INJURY ctary, street, offi	ce bldg , etc.)		ry or town)	<u>`</u>	nty)	(State)
	saw the d	fy that (f) (this has eceased alive on	pito() atten	ded the deceosed from_ 71967_, and the	June at death occ	, 1 urred at	9 <u>66, to</u> M, fr	May om couses	ond on th		(we) last ted obave
	220 SIGNATURE ATTENDING MED DIRECTOR DIRECTOR DIVIS 5/25/67										
	22c. PHYSICIAN'S NAME (Type		N. We	eeks, M.D.	22d. AD	DRESS 5	80 Nor	thern own,	AVe.	•	
230	BURIAL, (REMATION REMOVAL (Specify Burial	DN, 23b DATE TH	EREOF	23c NAME OF CEMETERY OR	***************************************			ON (City or To	*	(County)	(Stote)
24	I. FUNERAL DIRECTO		1/0/	AD DRESS		25o. 144	KBY RECISIRAR	987255 R	GKIRARS SI	Klin C	ye.
	Valler	11.25710	3	Waynesboro :	ra.	DATE				U	V

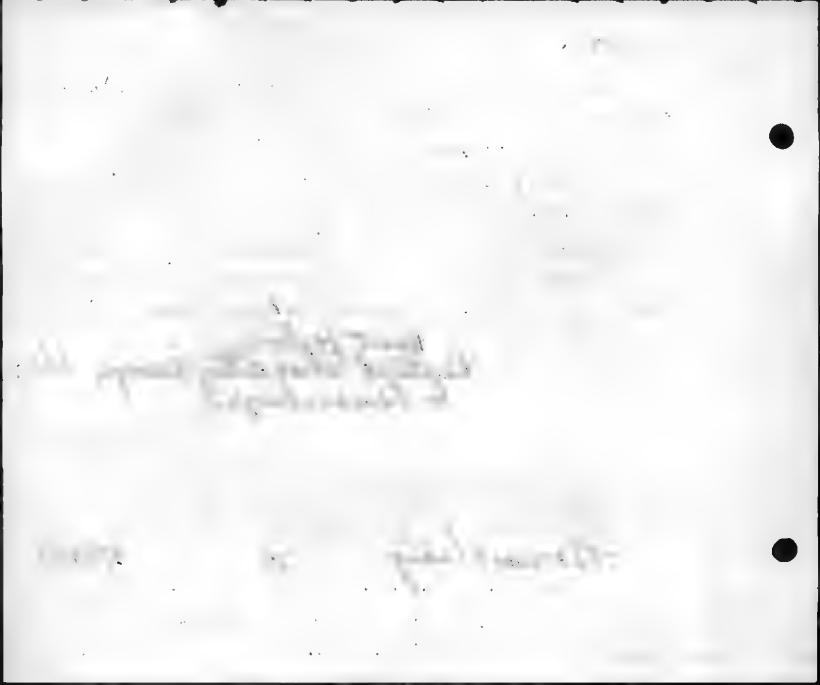
By Come

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the force of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon on pers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death.

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301	
1		07332 CERTIFICATE O	F DEATH U (309
1	1.	1. PLACE OF DEATH a, COUNTY a	ISUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1		WASHINGTON MARYLANO	STATE b. COUNTY
ď	-	b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN the	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Ł	write RURAL and give nearest town) HOAYS L	
ŀ		A STATE OF BLOODING OF THE PARTY OF THE PART	REET ADDRESS I a. IS RESIDENCE
4			DED # 2 ON A FARM?
	- 4	MASHINGTON CO. MOSPITAL	YES NO
П	3.	DECEASED	Last 4. DATE Month Day Year
	_	(Type or print) / RACY MERMAN LINT	Z DEATH / /A y / 9, 1967
Н	5.	5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. OAT	E OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Oays Hours Min.
4		MALE WHITE WIDOWED DIVORCED 9	-6-90 76 yrs. Months Oays Hours Min.
1	10a	102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	401	FARMER	TORGAN CO. W. VA. USA
	13.		MOTHER'S MAIOEN NAME
-1		FETER LINTZ	ATTERNALE / 3110 44/4/1
1	15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORT	MANT Address
1	(Ye	(Yes, no for unknown) (If yes give war or dates of service)	-47 11/2 - D. Standard 1.11/2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	Н	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	-1	IMMEDIATE CAUSE (a)	ieuce 1
1		The LX OUE TO D.	ica a tar Brown Adam
		cenditions, if any, which gave rise to immediate (b)	cal acting animage in g
١		cause (a), stating the DUE TO	
ĺ	2	underlying cause last. (c) Yelloc	Mage
-	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	2		YES NO
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of Injury in Part I or Part II of Item 18.)
- 1			
-	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF I	NJURY (Home, farm, 20f. (City or town) (County) (State)
-	0	Hour a.m. While Not While p.m. 19 at work at work	et, office bldg., etc.)
-1	~	21. 1 certify that (I) (this hospital) attended the deceased from 5/13	767 19 to 5/19/67, 19 that (I) (we) last
1	- 1	saw the deceased alive on 5/19/67 19 and that death	
П	- 1	22a. SIGNATURE	22b. DATE SIGNED
П			ENOING MED. STAFF - 8/56/17
П		22c. PHYSICIAN'S M.D. PHY	S. DIRECTOR PHYS. 1
1	Ì	NAME (Type) Thomas V. Craig. M. D.	Hagerstown, Md.
1	23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	
	1	PREMOVAL (Specify)	Banco - 1 0- 1- 111/
	24	24, FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Well H. H. War Bernand San 1/4	
	11	INMITTITUDIER CEKKETER TOWNER MIL	1 DAMAY 2 F 1967 Ochania lugge

MARYLAND STATE DEPARTMENT OF HEALTH

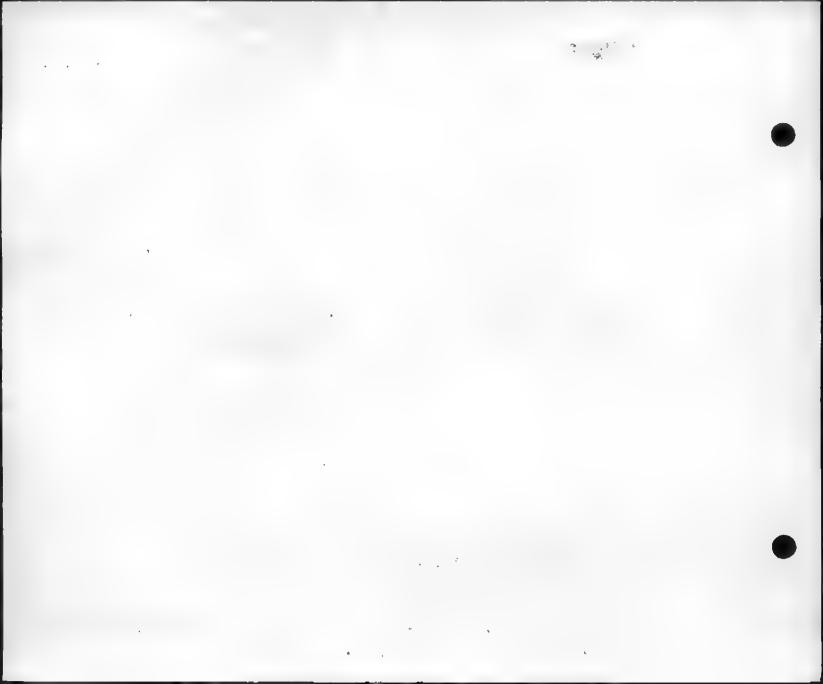


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased ved, if institution: Residence before admission) HEALTH DEPT. 1 PLACE OF DEATH p. COUNTY **b** COUNTY 2, and 3 to PM3, Page Washington Maryland Washington MARYLAND delay b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (if outside corporate limits, write RuRAL and give nearest town) C. LENGTH OF STAY IN 16 MANAKAKAWa Rt5 Leightersburg Route 60 d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (f not in hosp to, give street oddress) 4 shauld be forwarded to the Chief Medical Examiner's Office along-with form Route 5 YES NO E in Item 18. Give Pages Washington County Hospital This cert ficate should be executed within 24 hours ofter death 3. NAME OF 4. DATE Middle Lost Year DECEASED Patrick Llovd 24 1967 Owen (Type or print) DEATH May 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED (ost birthdoy) buriol-tronsit permit. File pages land 2 w April 8.1967 event within 72 hours after deoth. White Male WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Hagerstown, Md. USA none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Yvonne E. Winterstine Richard Lee Lloyd IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service pending Mr. Frank Winterstine, Rt.4 Cumberland no none NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY onset and death sudden IMMEDIATE (AUSE (a) Brain damage from fractured skull writing the ward DUF TO Olly Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse O be used 19 WAS AUTOPSY PERFORMED? removol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, KP VOH 200 EXTERNAL CAUSE WAS PRIMARY EAST EONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should cremation, or Auto-auto collison on Rt. 60, Wash. Co., Md. CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d NauRY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) foctory, street, office bldg., etc.)
Highway 12:15 p.m While of work Not While may be retained for yaur FUNERAL DIRECTOR: Page 5/24 1967 Hagerstown Wash. Page Md. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry , and in my apinion the funeral director. death resulted fram. Natural causes Accident . Suicide . Hamicide Undetermined manner 5/25/67 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE DEPLIY MEDICAL EXAM NER XX 580 Northern Ave. FXAMINER'S Address (Street city, town or county) Hagerstown, Md. Howard N. Weeks, M.D. Heolth | NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION IC by or Town) BUR AL CREMATION. S 5 St. Pary's Cemetery
ADDRESS 250 RE Cumberland Md Allegany
REGISTRAR 256 REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Scarpelli, Cumberland, Md. James F. 6M 1/67

277387

1967 Jours Judg



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) o COUNTY o STATE P COUNTA WASHINGTON MARYLAND WASHINGTON MARYLAND c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) CLENGTH OF STAY N 16 b [TY OR TOWN (If outside corporate imits LIFE HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? farwarded to the Chief Medical Examiner's Office along with farm 9 4 624 WEST FRANKLIN STREET. WASHINGTON COUNTY HOSPITAL YES NO 🔼 NAME OF Middle DATE First Year DECEASED ERNEST FRANKLIN MARTIN MAY DEATH 19 67 AGE (In veors S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours MALE WHITE SEPT. 2. 1914 DIVORCED 1Do USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT WASHINGTON CO. MARYLAND This certificate shauld be executed within 24 in pencil i 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME event within 72 haurs HARRY E. MARTIN CARRIE FOUKE 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 624Address FRANKLIN ST. (Yes no, or inknown) (If yes give wor or dates of service 214-09-6495 MRS. REBA C. MARTIN. HAGERSTOWN. MARYLAND. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the ward **DUE TO** clerosu, generalizal Conditions, if ony, which gove rise to immediate couse (a). _ DUE TO stoting the underlying couse PART I. OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BLI NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS ar removal, PERFORMED? NO X should be 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port 1 of item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or fown) (State) Hour a.m. foctory, street, office bldg, etc.) of work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 4 ond in my opinion Inspection [death resulted from: Natural causes 4 Accident Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X 5/16/67 **EXAMINER'S** Health EDWARD W. DITTO. III Address (Street cty town or county) Hagerstown. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION. 5/18/67 ROSE HILL CEMETERY. HAGERSTOWN, WASH, CO. 24. FUNERAL DIRECTOR VR A 15ME (5 6M 1/6 CHARLES M. ROUZER. HAGERSTOWN, MARYLAND

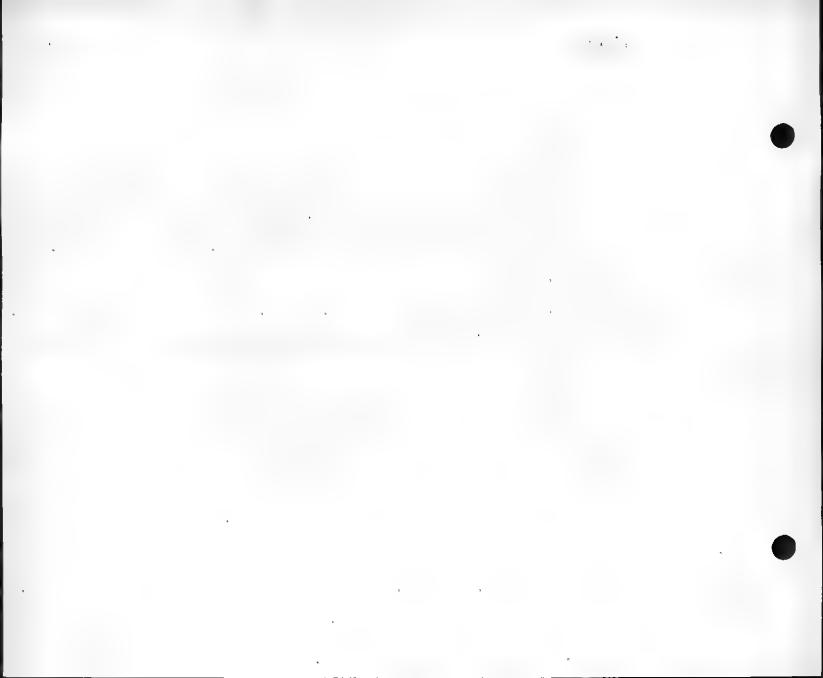


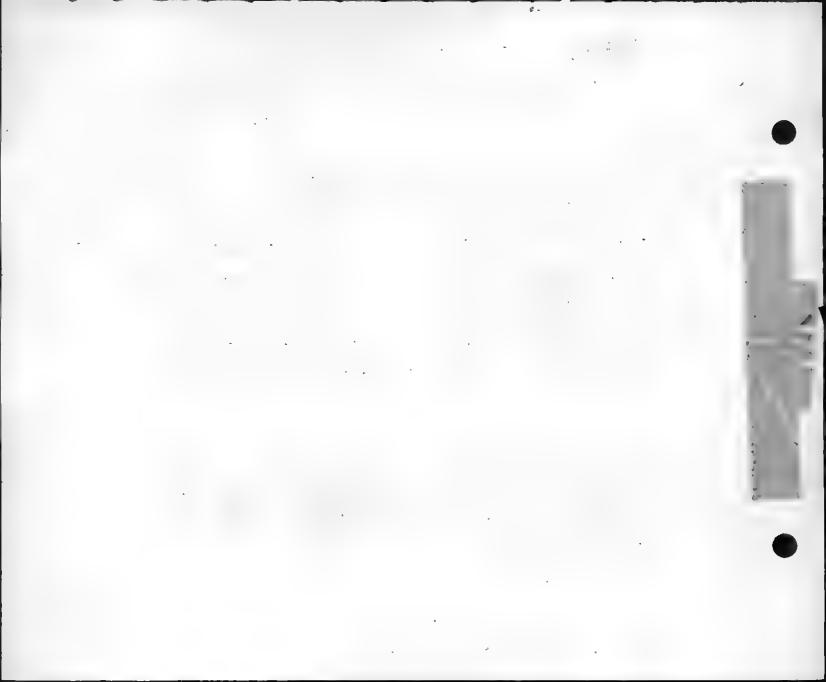
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07312

E WEY		0400	/			IICAIL	OI DEATH				3.13	
deot ond deo		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceo			ore admission	n)
er deoth funerol s 1 ond ter deoth		o. COUNTY	WASHINGT	ON	ΔM	RYLAND	o. STATE	RYLAND	b. COUI		HINGTO	TAT
offe offe	H	b. CITY OR TOWN (tf outside corporate limits	,	C. LENGTH OF STAY		c. CITY OR TOWN (IF a					714
hours of the by the s. Page hours		write RURAL and	GERSTOWN		LIFE	5		GERSTO		3	,	
hot In b	⊢		At OR INSTITUTION (If no	t in hospital a		2	d STREET ADDRESS	JEGIJEDI	MATA		e IS RESIDE	FNCE
nin 24 hours offer Med in by the fr popers. Pages JAIN 72 hours offe		95	,		gro 2000 0000 0223			rz szance.	Company		ON A FAI	RM?
in the second	2	NAME OF			Middle		95		STREET,	1 6	YES N	
pletely r correct correct ent, with	ľ	DECEASED	Fir LEWIS	51	AUGUST	CAT	Lost	4 DATE OF	Mont		oy Year	
intificate be executed with physician and completely en please remove caroot ovol, and in ony event, with		(Type or print) SEX	6. COLOR OR RACE	7 HADDED	~		MARTIN	DEATH	MAY AGE (In years	4 . I IF UNDER 1 YEAR	19 6	
e se	ľ	MALE	1		NEVER MARRI		B DATE OF BIRTH		lost birthdoy)	Months Days		Min
be exect and co	10		WHITE	WIDOWED	DIVORC	. ₀ Ц	OCT. 29, 1		/1 yrs			
be nate nate	dui	ing most of working	(Give kind of work done bis even if cetired). MANAGER		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Count			12 CITIZEN COUNTRY	OF WHAT	
ate to	_		MANAGER	PEO	PLES DRUG	STORE			MARYLAN:	D. U.	Ŝ.A.	
ific la la l	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
cert her her	L	J	DHN D. MART	IN			HENR	IETTA	HANN			
# ig i ii	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17 1	NFORMANT		Q 5Aydre	VIEW STR	ppr	
ne death certific ottending phys permit. Then pion, or removol,	1	YES	(If yes give war or dates o	214	1-09-0207	A MF	RS. MYRA C.	MARTI	N. HAGE	RSTOWN.	MARYLA	ND.
that the death certificate be executed within 24 hours ofter deoth on. by the ottending physician and completely filled in by the funeral ronsit permit. Then please remove careen papers. Pages 1 and cremation, or removal, and in any event, within 72 hours ofter death cremation.		18. CAUSE OF DI	EATH (Enter only one cou	se per line for	(a), (b), and (c).)					1 2	NTERVAL BETW	VEEN
qquires that the physicion. signed by the burial-tronsit buriol, cremot		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Chr.	WILLIAM HE	trin	relevation H.	earl	Viscace	3	INSET AND DE	
		4201									- The same	
equires physici signed burial- buriol,		Conditions, if ony,		(b)	0						~	
request of the property of the		rise to immediat stating the unde		TO								
		last.	1 4	(c)								
	_	PART II OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT R	LATED TO T	THE TERMINAL DISEASE CO	INDITION GIVE	N IN PART 1(o)	Ţ I*	WAS AUTOF	PSY
- = = ×	CATION		non	~							PERFORMED YES N	יע וס [ל]
ANS of o	144	200 ACCIDENT WAS	UNDERLYING	20b DE	SCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in	Port I or Por	t II of item 18)			- 60
rsici ospit certif hed it. of	CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)						•			
PHY he ho this ce etach Dept	MEDICAL	20c TIME OF INJU	IRY Month Doy, Year	20d IN	JURY OCCURRED	20e, PLA	(E OF INJURY (Home, for	m. 20f	(City or town)	(County)		tote)
the det	묲	Hour o.r		While		focte	ory, street, office bldg., etc	:.)		, 17	,	,
the story		21 1 contil	fy that (1) (1)(1)(1)(1)(1)(1)	of work		farm (1-2/	10 4/7 1	5 - U	10 67	E at 10 10	7.8 L.
ed ed he he he		sau the de	eceased alive on 🗻	muni ollend	- 10/4/7	and that	death accurred a	125	from courses		nor (I) (yy	60 1031
TOR TOR Houl		22g SIGNATURE	reases ante on T		11011	GIIG THUI	dealli accorred a	-1-4	i, itom cooses	22b DATE SIG		obove.
REC 3 s		15.11	-701 L		1	M D	ATTENDING PHYS	MED DIRECTOR	STAFF -		6, 196	7
ITAL OR moy be RAL DIRI Page 3 be filed v		22c. PHYSICIAN S	m vuiv		U	m o	22d ADDRESS	DIRECTOR	☐ PHYS ☐	PIAL	3, 190	1
RAIL RAIL be i		NAME (Type)	DR. DALTON	M. WE	LRY M.D.		998 POTO	MAC AV	E. HAGERS	STOWN. M	ARYLAN	n.
	230	BURIA, CREMATIC	IN 23h DATE THE		23c. NAME OF CEA				CATION (City or To			
Poge direct should		REMOVAL (Specify BURLAL	1									nej
55,52	24	. PUNERAL DIRECTO) [ADDRESS	7111	CEMETERY	D BY REGISTE	ERSTOWN RE	WASH CO	MD	
VR A15 (4) 25M 1/67			M POHER	TTACT			rikirak k			wiles &		





death,

within a hours after

TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and completed while in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

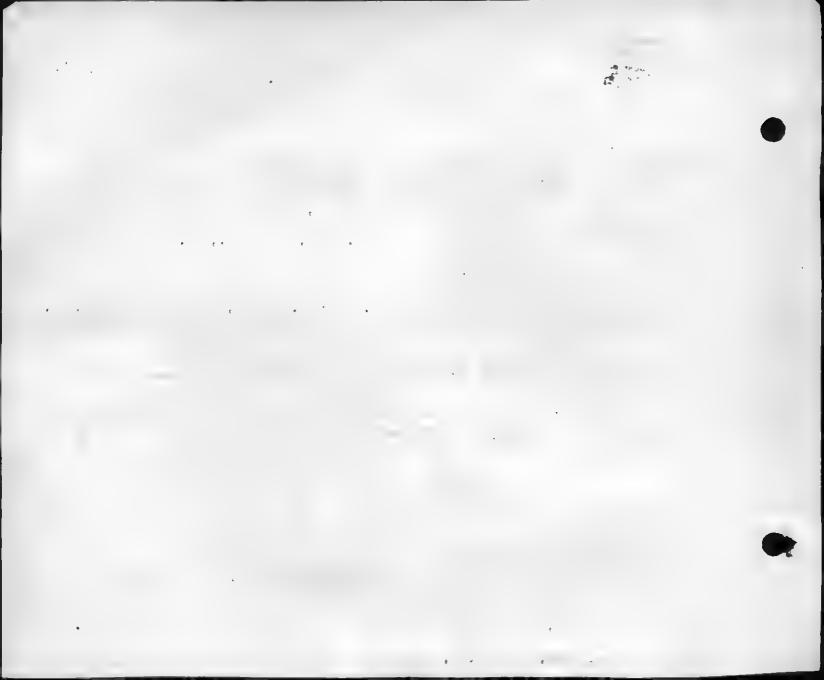
VR A15 (4) 20M 1/65

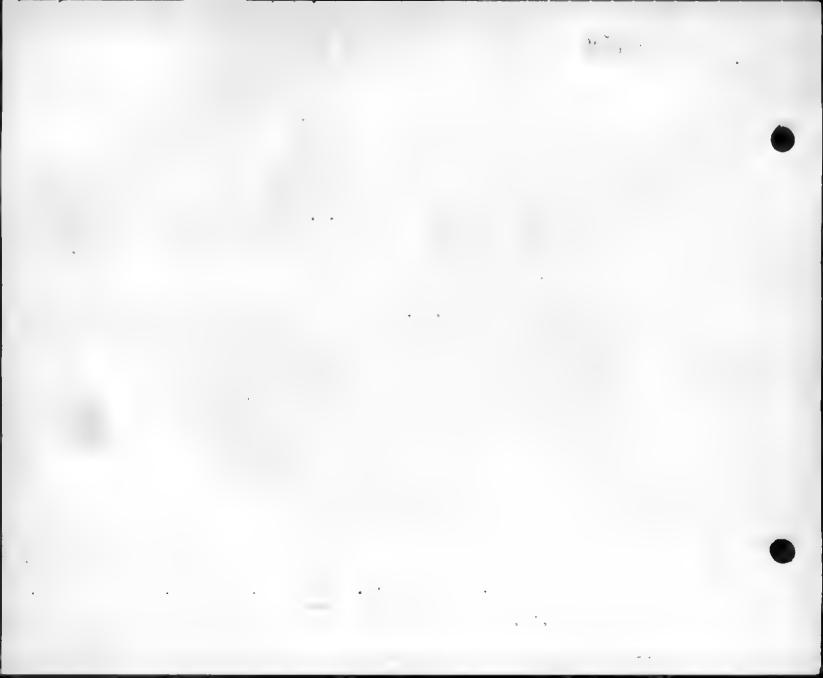
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27737 07311 CERTIFICATE OF DEATH

	J #		O ZITTITO		L OI DENTIN				Value.	1-12 -
1. PLACE OF BEAT!	н Vashington		The Market Patrick Control of the Ma			E (Where dec ryland	eased lived, If instit b. COUNTY	d .	ingto	
b CITY OR TOW	N tif outside corporate lim	ite	MARYLAN		c, CITY OR TOWN (IF					
write RURAL Hapers	N (if outside corporate lim and give nearest town)	110,	10 days	10	Rural Wil					, 00 (0111)
	SPITAL OR INSTITUTION (IF			ess)	d. STREET ADDRESS				e. IS RE	
Washington	n County Hospi	tal			Falling W	aters	Road_		YES	FARM?
3. NAME OF DECEASED (Type or print)	First VIRGINIA		Middle NANCY	I	Last MAUCK	4. DATE OF DEATH	42		25 19	ear 67
5. SEX	6. COLOR OR RACE 7. M	ARRIED	ANEVER MARRIED	7 [8	B. DATE OF BIRTH	9.	AGE (In years III			ER 24 HRS
Female	1	DOWED			Dec. 28, 19		50 yrs.	4 20)	
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY					11. BIRTHPLACE (Co	unty & State,	er foreign country)	12. CITIZ	EN OF WHA TRY?	(T
Housewife Home						yland		U.5	A. 6	
13. FATHER'S NAM	ΙĒ		14. MOTHER'S MAID	EN NAME						
	r Ruffner				Rebecc	a S	weitzer			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.		INFORMANT			lamspo	rt	Дn
No		"		Mr	Russell	R. Mau	ck Mary	Land	RFD	#1
18. CAUSE OF	DEATH (Enter only one cau	se per li	ne for (a), (b), and (c).]	3		1		1 10	ITERVAL BI	ETWEEN
PART I, DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cei	rebudl	L	iemovyl	TOP C	0	,	MISEI MID	DENTH
33/X	DUE TO					ī				
Conditions, if	any, which \ (b)	Ca	votio	3	neuvis	542				
gave rise to cause (a), s	Immediate (
underlying caus	rariik riie [
PARTIL OTHER	SIGNIFICANTCONDITIONSC	ONTRIBL	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASECON	DITION GIVEN IN PA	(RT 1(a)	9. WAS A	
8 4	and the	1	emourh	\ _					YES DEL	RMED?
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. T	DESCRIBE HOW INJURY	0000	RRED. (Enter nature of	Injury in Pa	art I or Part II of	item 18.)		
Hour a.	INJURY Month, Day, Year m. m. 1201 19	T	NIURY OCCURRED 2De	. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 2Df.	(City or town)	(County))	(State)
	ly that (1) (this hospical)			.Jı	me 2 . 19	59. to	May .25	. 19 67.	that (1) 3	(we) las
saw the de	ceased alive on Me	14,	24 1967 and	that	death occurred at	: JM. fr	om the causes a	nd on the o	date state	d above
22a. SIGNATU		1 2	, /	100-0		PL •		22b. DATE	SIGNED	
	11111211	1/2	A	M.D	ATTENDING A	MED. DIRECTOR [STAFF PHYS.	Hay 20	5, 196	57
22c. PHÝSICU		U			22d. ADDRESS 2	8 Jest	Potomac	Street	t	
MAME (T	M. E. Byrk	it, 1	1. D.		V		sport, a			
23a. BURIAL, CREM BURIAL (Sp	MATION, 236. DATE THERE ecity) May 28 19		23c. NAME OF CEME Greenlawn	TERY	or CREMATORY	23d. LC	CATION (City, tow	n or county) (S	State)
24. FUNERAL DIR	-		ADDRESS		25a. 25	XD BY REGI	STRAR 25b. REG	ISTRAR'S S	IGNATURE	VIII-001
Albert	L Leaf Will:	i.ams)	port Md.		DATE	m1 3 1	1967 /2	liarle	o Jud	ge.
		-							17	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARY . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before ediniss on) e. COUNTY b. COUNTY Washington a. STATE Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete tim ts. write RURAL endigive neerest town) write RURAL and give negrest town) days Rural Smithsburg Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite give street address d STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital RFD #1 YES NO X 3 NAME OF Middle 4 DATE Month Day DECEASED OF (Type or print) 19 67 Newton Snively DEATH McCarney May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In yours [IF UNDER 1 YEAR] IF UNDER 24 HRS. last birthdey) Months Male White WIDOWED * D VORCED [October 4, 1891 TOB. LISUAL OCCUPATION (Give kind of work | 1Db KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slete or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Mt. Hope, Adams Co., Pa. USA House Painter 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Levi Baldwin McCarney Sarah Ann Watson 15. WAS DECEASED EVER N. U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelexofsarvice) Mrs. Alice M. Thomas, Blue Ridge Summit, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for ,e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Pulmonary Funboli, Biloteral Phle bo thrombosis, Left lower Extranity 24 Conditions, if eny, which gave rise to immed ate cause DUE TO (e), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of Item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF INJURY Month Dev Yeer 20d INJURY OCCURRED 2De, PLACE OF NJURY (Home, farm, 2Df, (City or lown) (County) (Sleta) fectory, street, office bldg., etc.) MEDI Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry (nspection and in my opinion death resulted from: Natural causes 🙀 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute should be for FUNERAL I DATE SIGNED 22d. LOCATION (City, town, or country) (Stefa) REMOVAL (Spec fy) 4 O Marsh Creek Cemetery Burial Gettysburg 23. FUNERAL DIRECTOR 24e REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62 Minnich Funeral Home, Smithsburg, Maryland





VR A15 (4)

ı	DIVISION OF STATISTICAL PESSAR	CH AND RECORDS 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
	0.7341	CERTIFICATE OF DEATH	67919
	1. PLACE OF DEATH	1 2 HOUSE PROMENC	E (Where deceased lived, if institution; Residence before admission)
	a. COUNTY	e. STATE	A b. COUNTY / */
	Washington	MARYLAND // GF	yland washington
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (H	diside corporete limits, write RURAL end give nettest town)
	Hagerstewn	2 days If a	aeistewn
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oilal, give street adress) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Washington Co. Hos	0.4al 417 Br	e Wel- Are. YES NO. NO.
Ĥ	3. NAME OF DECEASED	Middle Lest	4. DATE Month Day Year
1	(Type or print)	H milhorn	OF DEATH May 27 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years OF UNDER 1 YEAR IF UNDER 24 HRS.
	Male wibite WIDOWED		last birthday) Months Deys Hours Min.
			& State. or foreign country) 12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	01 0 11 11	1/- 11: 1000
	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	Ce Vinginia 1 (/3,14
	11.11		011 . 0
	James Milbury	Darah C	atherine Grove
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yas, no, or unkown) (Ifyasgivewerordetespfservice)	SOCIAL SECURITY NO. 17. INFORMANT	Address A Lead
	No /	Vone Mis Claves Se	incre Hagerstown,
	18. CAUSE OF DEATH (Inter only one ceuse per la	ne for (e), (b), end (c),]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	erelial theman	Kapa. 24 heres
	43° O DUE TO	1 1 1	1 1 1 -1
	Conditions, if any, which (b)	Alreastlerales L	earl declare markent
	geva rise to immediate couse		
	(a), stating the underlying course last.		
		TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	2 Part II. OTHER SIGNIFICANT CONDITIONS CON	motor is all as as is	PERFORMED? YES NO D
	TO ACCIDENT WAS LINDERLYING TO COL 20h DES	CRIBE HOW INJURY OCCURRED (Enter nature of injury in	
	206. ACCIDENT WAS UNDERLYING 1 206 DES OR CONTRIBUTING 1 CAUSE OF DEATH OF LIFE EITHER, NOTHER MEDICAL EXAMINERS		_
		NJURY OCCURRED 200. PLACE OF INJURY (Home, farm,	! 20f. (City or lown) (County) (Stets)
	Heur volte White	Nor White leatery, sheet, affice bldg., etc.)	Zot. (any or roun)
	p.m. 19 el work	t at work	
	21. I certify that (I) (this hospital) attend	ted the deceased from	
	saw the deceased alive on	.719.67., and that death occurred at 10	M, from the causes and on the date stated above
	220 SIGNATURE	ATTENDING MI	EDSTAFFSIGNED
	Colent d.		RECTOR PHYS. 1 5-2967
,	22c. PHYSICIAN'S	22d. ADDRESS	
į	NAME ROBERT F. Keatle, M. 1	D. 580 North	ern Ave., Hagerstown, Mi 21740
	230. BURIAL, CREMATION, 23b. DATE THEREOF	234. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 5-/30/1967	St. Paule Conston	Whiteton Co Marsand
	24 FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS 250. REC'	D BY REGISTRAN 256, REGISTRAR'S SIGNATURE
1	Ala. Ol ke Thumanon	Have gotto le DAMA	Y 3 1 1967 Policyles Judge
12	T-4766-6-161	I DATE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

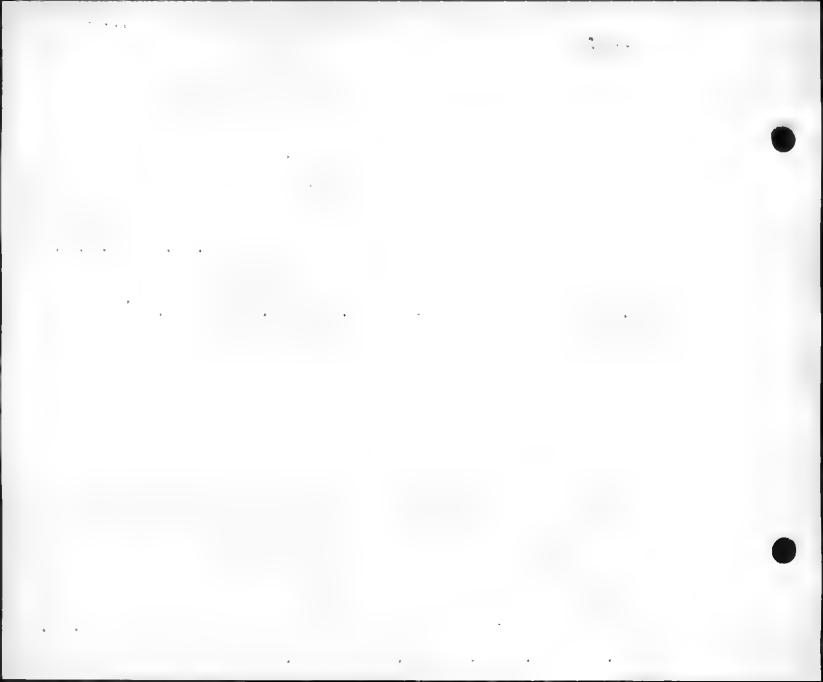
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low equires that the death certificate be executed within 24 hays.

Page 4 may be retained by the haspital ar attending physician.

	97343	2		CERT	TIFICATE	OF DEATH				7210	
	PLACE OF DEATH o. COUNTY Washing	rton		A	MARYLANO	2 USUAL RESIDENCE (V o. STATE Maryland	Where deceased	p CONN	on Residence TY ingtor		an)
	b CITY OR TOWN (write RURAL and	f outside corporate fimit digive nearest tawn)	s,	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (If au	,	firmits, write RUR			
-	Hagerst	AL OR INSTITUTION (If n	at in bosnital	5 Days		Rural Ha	gerston	m	1	e IS RESI	DENCE
		ton County		,		Rfd. 3				ON A F	ARM?
	NAME OF		rst	Middle		Last	4. DATE	Month	h	O oy Ye	
	DECEASED (Type or pnnt)	Julia		Ann	Mi	ller	OF DEATH	May 20),	19	67
5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MAR		B GATE OF BIRTH	9 /	AGE (In years	IF UNDER 1		R 24 HRS
	Female	White	WIDOWED	DIVO		June 10, 19		ast birthday) 9 yrs		10	14(4)
	osual occupation ing mast af warking Housewi	(Give kind of work done life, even if retired) .TE		IND OF BUSINESS OF		Martinsb			12 (1712	TEN OF WHAT	
13.	FATHER'S NAME			_		14. MOTHER'S MAIDEN	NAME				
	Frank I						Ellen	Barthlo	W		
1S. (Ye	WAS DECEASED EVE s, na_ar unknawn) No •	R IN U.S. ARMED FORCES? (If yes give war ar dates	16. 1 8	social security n 37 -16- 610		George E.	Miller,	Adding Rfd. 3	d. Hager	rstown,	
	18. CAUSE OF DI PART OEA Conditions, if ony use to immediat stating the unde last.	e cause (o).	(o) 10	(a), (b), and (r).)	of bu	ådder i 1	eclur	n			DELIT
ATION	PART 11. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE COI	NOTTION GIVEN	IN PART 1(c)		19 WAS AUT PERFORM YES	OPSY NEO?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b 01	SCRIBE HOW INJUR	Y OCCURRED	(Enter nature of injury in	Part I or Part II	af item 18)			
MEDICAL	20c TIME OF IND Haur or P I	10	20d. 1 While at war			CE OF INJURY (Hame, form lary, street, affice bldg., etc.)		C ty ar town)	(Coun	ty)	(State)
		fy that (I) (this has eceased alive an		ded the deceas	ed from Z Z, and tha	<i>nag 6</i> , 1 t death accurred at		from couses of	<u>() , 1966</u> and an the	that (I) (e date state	we) las a abave
	220 SIGNATURE	Alle	MI	m	M.	11110	MED. DIRECTOR	STAFF PHYS.	22b 0A3	ESIGNED /	17
	22c. PHYSICIAN'S NAME (Type		·Le	Jan		22d ADDRESS	elon	, m	ra		,
230	BURIAL, CREMATIC	A		23c NAME OF				TION (City or Tov		,,	Stote)
	BEMPYAL Specify		3- 67		ora Ce	metery	Rural	Martin	shurge		
	. FUNERAL DIRECTO		10 77 5	AOORESS		B.C.	2 5 196	7 25b REC	GISTRAR S SIG	MATURE	
-	jonn H. E	ast, Jr. 1	TC M. I	main St.	Boonst	oro Md Pale	20 100			1 9	



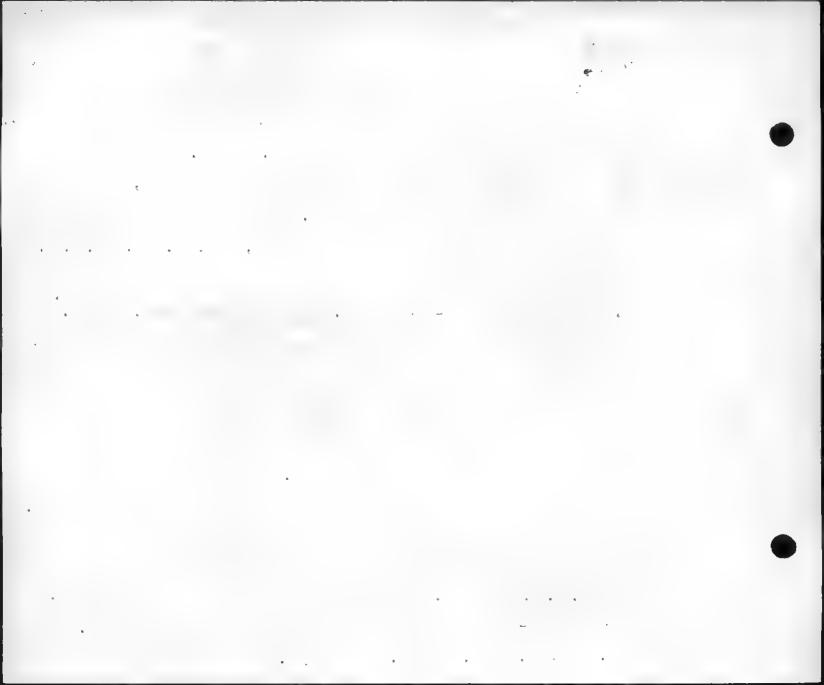
FOR STATE HEALTH DEPT

O DEPUTY MICHAL EXAMINER: This certificate should be executed within 24 hours offer death 14 any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page the State Department of 5 may be retained for yaur files. Bealth prior to burial, cremation, or removal, and in any event within 72 hours ofter death

> VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04343		MEDI	CAL EXAMINE	K 3	CERTIFICATE	OF DEAT	П	6	17320
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where decease			efare admissian)
o. COUNTY Washingt	on		MARYLAN	ID	Marvlan	d	b. County	shingt	on
b. CITY DR TDWN (If o	utside carporate limits	t	c LENGTH DF STAY IN 1	b	c CITY DR TDWN (IF o		4		
write RURAL and g			2 Days		Boonsbo	ro		.95	
d. NAME OF HOSPITAL		t in hospital, gi			d STREET ADDRESS				e IS RESIDENCE
Washingt	on County	Hospit	al		307 N.	Main St			ON A FARM? YES NO K
3. NAME OF	Fir		Middle		Last	4 DATE	Manth		Day Year
DECEASED (Type or print)	Rub	V	Mae		Miller	OF DEATH	May 4,		19 67
	COLOR OR RACE		NEVER MARRIED	7]8	DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS
Fema le	White	WIDOWED [DIVORCED [<u> </u>	ept. 6, 19	26	last birthday) 40 yrs.	Manths Do	
10a. USUAL OCCUPATION (G	ive kind of work done		D DE BUSINESS OR		11 BIRTHPLACE (Stat		17		N OF WHAT
during most of working lite Housewit	O Trained,	Own	Home		Benevola	, Wash	Co., Md	. 0.	S. A.
13. FATHER'S NAME					14 MOTHER'S MAIDEN	I NAME			
Charles	Turner				Lovett	a Poffe	nberger		
15 WAS DECEASED EVER II (Yes, ng. grunknown) (If	U.S. ARMED FORCES?	16. St	DEIAL SECURITY NO.	17 B	NFORMANT		Boon	sboro,	Md •
No.	you give were or delease	218	3-30-9809	Mr.	Gerald L.	Miller	, 307 N.	Main	St.
PART 1 DEATH 771. 8 Conditions, if only, we rise to immediate continuing the underly lost.	ause (a), (ng cause DUE	(a)Pois TO (b)	an, (b), and (c)}	nk	kerosene)			1.5	IMTERVAL BETWEEN ONSET AND DEATH ODURS
PART I OTHER SIGN OTHER SIGN 200° EXTERNAL CAUS PRIMARY GOT CONTI	IFICANT CONDITIONS CO	ONTR BUTING TO	DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL CAUS PRIMARY Cor CONTI		20b. DES	CRIBE HOW INJURY OCCU	RRED (Enter nature of injury in	n Port I ar Port	Il of item 18)		
	At a b Day Year	Pat	cient drank	ker	rosene. E OF INJURY (Hame, fai	rm. 20f	(City or town)	(Caunty	(State)
20c TIME OF INJURY 2 Hour p.m.	May 2, 196		Nat While por	facto	rry, street, affice bldg., et	()	shoro Wa	, ,	, ,
21 certify	that I toak charge	of the rem	ains described abay			, Inspect a			and i n my apinia
death resulted		i causes	Accident .		de 🔀 , Hamicid		determined mar	· ·	,
	1	VI	_		CHIEF MEDICA				
ACTUAL SIGNATURE	V, no	Tel C	-		M.D. ASSISTANT ME	EDICAL EXAMINE	R 🗆 Mar	. 6 70	22. DATE SIGNED
EXAMINER'S		//						6, 19	
NAME (Type) Dr	E. W. Di	tto. J	C.				r county) Hager		. Md.
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE	reof - 67	23c. NAME OF CEMETER				ATION (City or Town		unty) (Stote)
Burial" 24 FUNERAL DIRECTOR		- 0/	ADDRESS	OVE	Cemetery 250. REC	C'D BY REGISTRA		STRAR'S SIGNA	ATURE
	et. Jr. 1	12 N M	ain St. Boo	w ah	1		967 gol	carles	Judge



8		07344	•				CE	
law requires that the death certificate be executed within 24 haurs after death ading physician. bell signed by the attending phydician and completer fixed in by the francial strength burial-transit permit. Then please remave calaba papers. Pages frand 2 stre burial, crematian, ar remaval, and in any event, within 72 hours after death.		PLACE OF DEATH a. COUNTY WASHING	TON					
The The Sages Irs after		b CITY OR TOWN (write RURAL and	If autside	corporote (imit	5,		c LENGTH O	
by The Page Hours			ANC				LIFE	
24 ha d in pers. 72 ha		d NAME OF HOSPIT	AL OR IA	STITUTION (IF no	it in ho	spital, g	ve street add	
n 24 percent percent p		RURAL 2	, H.	ANCOCK				
\$ 5 E		NAME OF		Fi	rst		Mic	
d with		DECEASED (Type or pnnt)	HII	LLARD		V	VILSON	
eveni	\$	SEX	6 COL	OR OR RACE	7. Mi	ARRIED)	NEVER	
exec and co		MALE	1	ITE	WIE	OOWED		
rificate be executed with physician and completers on please remane cabo aval, and in any event, w	10a	USUAL OCCUPATION	(Give ki	nd of work dane			ND OF BUSINES	
ate b cian ease and i		LABORER	me, even	i ii ieiireuj			STRUC	
ifica pla al, c	13.	FATHER'S NAME						
certii g phy Then mavo		DANIEL	MIL	LS				
e death certifi attending phy permit. Then an, ar remava	15	WAS DECEASED EVE s, no, or unknown)	R IN U.S.	ARMED FORCES?	of carvin	16 5	OCIAL SECURIT	
affenc affenc permit lan, ar	(1)	NO'	fu les d		11 201 410	220	0-09-9	
that the d an. by the att transit pert crematian,		18. CAUSE OF D			se per	nne for	(a), (b), and (
that an. by the ransi		PART I DEA		MEDIATE CAUSE	(o)	Ca	rdia	
equires that the physician. signe by the burial-transit burial, cremat				DUE	TO	h	0	
equires physicic signe burial-ti burial, c		Conditions, if any, which gave rise to immediate cause (a),						
ng p IIIn si tab		stating the unde			TO	P	01100	
The law requires th ottending physician ham bellen signed by see law to be the burial-tra th prior to burial, cre		lost.		10	44_!	1 11	NIVIC	
The otter otter has sell ith pro	8	PART II. OTHER 5	GNIFICAN	it conditions c	ONTRIB	UTING TO	O DEATH BUT	
	3	1.	22-1	erm	el	Cen	T.h	
YSICIAN: aspital or certificate thed far u	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING				20b. DES	CRIBE HOW IN	
PHYSIO hasp s cert tached		(IF EITHER, NOTIFY						
S PHYSIC the haspi th s cert th s cert detached e Dept. a	MEDICAL	20c TIME OF INJI Hour au	JRY Mar Ti.	nth, Doy, Year		20d IN While	JURY OCCURRE Not Whi	
by the Affer the be de State	₹	p.1		19		at wark	at work	
				(I) (this has				
ATTEN etainec CTOR: Shauli		220 SIGNATURE	ecease	alive an .I	une	2 16	5,19 <u>_6</u>	
R ATI retair RECTO 3 sha with		220 SIGNATURE	0-	P	C) (ONNI	
AL OR AN DE TOR AN DE TOR AN DE TOR AN DE TOR AN DESTOR AND DESTOR		22c PHYS CIAN S	ree	2) 1100				
ITAL may b RAL D Pagi be file		NAME (Type)	Charle	s F	3. N	lierer	
	230	BURIAL, CREMATIC	ON.	23b. DATE TH	EREOF		23c NAME	
HOSP Sage 4 FUNE director shauld		REMOVAL (Specify		5/25/	62		ORCHA	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	100	URIAL	D.	11 ~11	9/		TO LOUIS	

OFGEN			CERTIF	ICHIL	OI DEATH				11/3	21
1 PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased	lived, if institut	ion Residence befo	are admissio	n)
a. COUNTY WASHINGT	ON		MAD	/LAND	o. STATE MARYLAN	J.D.	b. COU	NTY SHINGTOI	M	
b CITY OR TOWN (If	autside corporate filmits,		c LENGTH OF STAY		c CITY OR TOWN (If					
write RURAL and	give neorest town)		1.155		RURAL H				,	
	L OR INSTITUTION (IF not	t in hospital in	LIFE		d STREET ADDRESS	MICOCK		J- / 1/	e IS RESID) É NC F
RURAL 2,	'	in nospesi, gi	100 313001 (0001533)			2 114410			ON A FA	ARM?
			0.10			HANC				NO X
3 NAME OF DECEASED	Firs		Middle	1111	Last	4 DATE OF	Mani			
(Type or pnnt)	HILLARD		VILSON	M	LLS	DEATH	MAY	21	19 6	
	6 COLOR OR RACE	7. MARRIED		느	B. DATE OF BIRTH	٧. ا	AGE (n years last birthdoy) yrs.	Months Days		Min.
MALE	WHITE	WIDOWED	DIVORCED		11/25/191					
10a USUAL OCCUPATION (during most of working life			ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Coun	ty & State, or forei	gn country)	12 CITIZEN C		
LABORER			STRUCTIO	O N C	WASH. CO		YLAND	U.S.		
13. FATHER'S NAME					14. MOTHER'S MAIDER	N NAME				
DANIEL M	ILLS				CELIA	HULL				
IS WAS DECEASED EVER	IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17, 1	NFORMANT	,	Addre	355		
NO.	If yes give war ar dates af	220)-09-926	1 V I	RGINAA SH	HOEMAKE	R RFD	2, HANG	COCK	MD
	ATH (Enter only one cous	e per nne for l	(a), (b), and (c).)		4	0	1		TERVAL BET	
PART I DEATH	H WAS CAUSED BY: IMMEDIATE CAUSE (o Ca	rdiac	a	abot #	woph	yrtial	way us	NSELAND DI	eath Lite
	DUE 1	10 0	10	0		2 10	0	1 17-4		
Conditions, if any,		Idva	nced Cr	uph	ypema 8	lothma	tre Dr	oncheles >	1	
rise to immediate		10 0	Ω	I)	la1	Λ			.]	
lost.	1 p +	A Du	Imono	ry	Hemi	orrhad	12			
PART II. OTHER SIGI	NIFICANT_CONDITIONS CO	INTRIBUTING TO	O DEATH BUT NOT REL	AND TO	HE TERMINAL DISEASE C	ONDITION GIVEN	N PART JO	19	WAS AUTO	
	1 lorn	Hon	I Good	-	TO color	l in	Jake		PERFORME YES 1	NO 🖂
200 ACCIDENT WAS I	UNDERLYING 🗆	20b. DES	CRIBE HOW INJURY OF	CEUBRED	Enter nature of mury i	n Part I at Part I	l of item 18)			
OR CONTRIBUTING C										
	RY Manth, Doy, Year	20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, fo	rm 20f. ((City or town)	((gunty)	Ĩ.	State)
Haur a.m.	10	While	Not While		ory, street, office bldg., et			, 12	,	-7
p.m.	y that (1) (this hasp	at wark		frame	Way 23	1066 **	Juno	1619 66	hat (1) (.	un) Ind
saw the dec	ceased alive an <u>.Tı</u>	marj anena	S 19 KK	and that	death accurred o	>ZYWW	fram causes	and on the aa	te stated	upung vej ias
220 SIGNATURE	cases only on the	4110-11	1	4174				22b DATE SIG		00040
(Day	les R.	Wi	ereil	M.D	ATTENDING PHYS	MED TO L	STAFF PHYS.	May	25	19
22c PHYS CIAN S	UCCO II- 1				22d ADDRESS	J	111121	TIEN.		1 7
NAME (Type)	Charles	R. W	lerer.	M. D	238	. Mai	n St.	Hanco	ck I	M.a.
23o. BURIAL, CREMATION	1 235. DATE THE		23c NAME OF CEMI	ETERY OR				wn) (Caunt		tate)
REMOVAL (Specify)	5/25/6	57	ORCHARD	DID	GE 1ST CH	BUDA	I HAMO	OCK WA	SH.	MD
24. FUNERAL DIRECTOR		-1	ADDRESS	u i n	250 RE	C'D BY REGISTRAF	2Sb RE	COCK WA:	JRE .	141 0 1
DIOHADO I	OBOVE	HANGO	NOW MENT				- Mari			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND many makens 07345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH AVIL AEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) . COUNTY **b.** COUNTY I director, Pag for your files. Washington MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) for your Keedysville Keedysville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DEPUTY MEDY AL EXAMINER: This certificate slicald be executed within 24 hours after death. If any delay lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Disciplinated agent, prior to burial, cremation, or removal, and in any event within 72 hours after disciplinated. 5 N. Main Street 5 N. Main Street 3. NAME OF Middle 4. DATE Month DECEASED Charles Moats (Type or print) Earl May DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER TYEAR last birthday) Male White DIVORCED [10 WIDOWED | May 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (Stelle or foreign sountry) 12. CITIZEN OF WHAT COUNTRY dong during most of working life, even if retired) Williamsport Md. Air Craft Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willard Moats Pauline Cottrill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 5 N Main Staddress Keedysville (Yes, no, or unkown) | (If yes give we rordet as of service) Mrs.. Vivian Arlene Moats Maryland Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY Cum flex & IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to Immediate cause DUE TO (a), stetling the undarfying comeny athhas clum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS CERTIFICATION 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Year 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry. death resulted from: Natural causes Z Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER -ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Edward W. Ditto NAME (Type) Address (Street, city, town, or county) please 4 should O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22s, BURIAL, CREMATION. 226. DATE THEREOF REMOYAL (Specify) Bakersville Cemetery Burial

Washington

Day

25°

U.S.A

(County)

e. IS RESIDENCE

YES NO

19 67

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TA NO

> > (State)

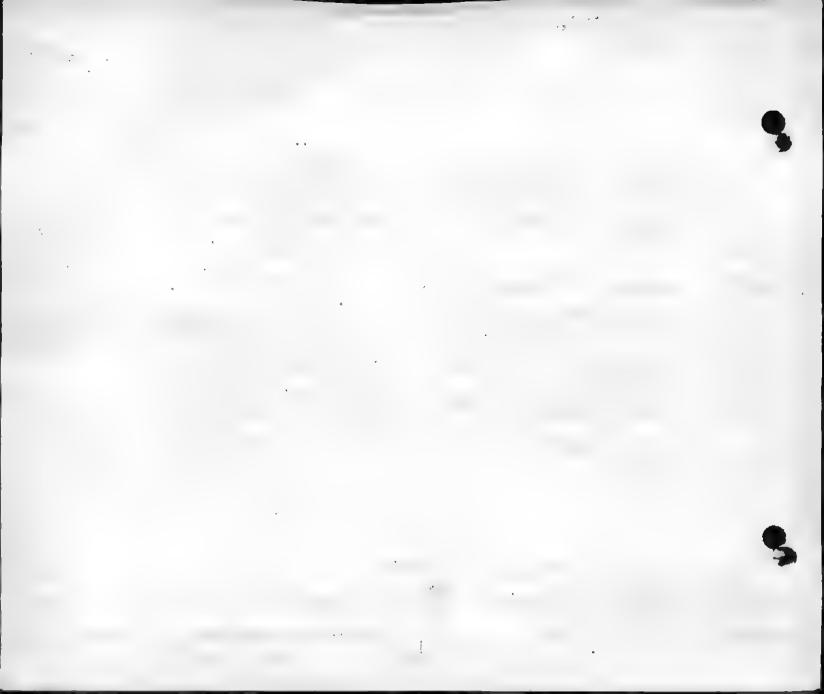
and in my opinion

DATE SIGNED

IF UNDER 24 HRS

ON A FARM?

22d. LOCATION (City, lown, or county) (State) Bakersville Maryland ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Williamsport Naryland Albert L. Leaf VR A1SME 1967 5M 1/63



1			MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR S	TATE		97346 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	7292
HEALTH	DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Ne a. STATE 15 200 D. COUNTY TV	shington
sary, neral	nent		Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 12		
he fur 5 may	Department after death.		Hagerstown 72 years	Hagerstown	e. IS RESIDENCI
ay . 3 to t	State D hours af		258 S. Locust St.	258 S. Locust St.	ON A FARM? YES NO X
any dela 2, and PM3. P	the St	3.	NAME OF First Middle DECEASED (Type or print) Frances Beatrice	Last 4. DATE Month OF Mongan BEATH May	Day Yaar 21 1967
es 1, 2	1 within	L 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER)	
er deatl ive Pag with	and 2	10a dur	USUAL OCCUPATION (Give kind of work done and lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT
S. G.	any		House wife None FATHER'S NAME	, 14. MOTHER'S MAIDEN NAME	
E a	E E		Harvey Kridler	Ida Chaplin	
hin 24 h	oval, and		no or unknown) ((If yes nive war or dates of service)	7. INFORMANT Address Faith Olive Vincent, Hagers	town, Md.
ted with in pent	sit permit. or removal		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTONARY OCCLU	usion	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
CXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with form	burial-transit cremation, or		Conditions, if any, which by Athrosclerosis (b) Athrosclerosis	5	years
ould ord "phief W	VO 20		cause (a), stating tha DUE TO undarlying causa lest. (c).		
the W	used as to burial	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		19. WAS AUTOPSY PERFORMED? YES NO S
certifi ritting rded to	2 2	CERTIF	209. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nature of Injury in Part) or Part I) of Item 18.)
INER: This certific lificate, writing t be forwarded to	3 should I agent, pri	MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. P fac	PLACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bidg., etc.)	inty) (Stata)
ertifi d be	Page	2	21. I certify that I took charge of the remains described above, I	held an Autopsy 🔲, 🛮 Inspection 🔀 , 🔻 Inquiry 🔲 ,	and in my opinio
the call	CTOR: Pag designate		death resulted from: Natural causes 🔀, Accident 🔲,	Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER X	5/22/67
execute Page	or its		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER & 580 Nort	22. DATE SIGNED hern Ave.
DEPUTY lease ex rector.	FUNERAL FUNERAL		EXAMINER'S Howard N. Weeks, M.D.	Addrass (Street, city, town, or county) Hagers	stown, Md.
o DEPUT please e director.	of He	238	Burial (Spacify) 3b. Date thereof 23c. Name of CEMETE REMOVAL (Spacify) 5/23/67 Cedar Mer		unty) (State) Md .
VR AI	SME (5)	24	FUNERAL DIRECTOR ADDRESS Minnich Funeral Home, Hagerstown	25a. REC'D BY REGISTRAR, 25b. REGISTRAR	S SIGNATURE
5M	1/65		MINITED FUNCTAL HOME, Hayerstown	I, III OATE NO TOUT	0 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M		07347	CERTIFICATE	OF DEATH		07324
funeral funera	1	PLACE OF DEATH O. COUNTY Vashington	MARYLAND	o STATEMary		™ Frederick ✓
urs afte by the Pages ours afti		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hacerstown	c LENGTH OF STAY IN 1b	c CITY OR TOWN (IF Rura	autside carparate kmits, write RUR I Knoxville	RAL and give nearest tawn)
The law requires that the death certificate be executed within 24 hours after degattending physician. has been signed by the attending physician and campletely filled in by the funerase as the burial-transit permit. Then please remave carban papers. Pages I and the priar to burial, crematian, or removal, and in any everymenthin 72 hours after deaths.		d washing ton County	haspitol, give street address) Hospital	d STREET ADDRESS		6. IS RESIDENCE ON A FARM? YES NO
cuted within ampletely fi		NAME OF DECEASED (Type or print)		n ro e	4 DATE Mant OF 5	26 19 67
d camp	5	Male Negro	WIDOWED DIVORCED	B DATE OF BIRTH	9 AGE (In years 7 thst birthday) yrs	Manths Days Haurs Min
ite be (tion an ease re		USUAL OCCUPATION (Give kind of work dane in the state of	106 KIND OF BUSINESS OR Course todian	Marylan		12 CITIZEN OF WHAT COUNTRY?A
ih certifica ling physi . Then pl removal,		FATHER'S NAME Unknown			nown	
equires that the death ce physician. signed by the attending burial, crematian, or rem	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, nigoounknown) (If yes give war ar dates af se		informant rs. Anna	G. Monroe, Kn	
that the d an. by the att transit perr crematian,		1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	per line far (a), (b), and (c))	rema)	INTERVAL BETWEEN ONSET AND DEATH
equires the physician. signed by burnal-trail.		Canditions, if any, which gave to immediate cause (a),	Re	end a	st and	1 week
ding phosen state property and property state property and property an		stating the underlying couse (c)		Kena	l infrit	
The kr r atten e has touse as use as lith prik	AFYON	PART II OTHER SIGNIFICANT CONDITIONS CONT		THE TERMINAL DISEASE C		19 WAS AUTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	CERTIFICATION	29a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury i	n Part I or Part II of Item 18.)	
G PHY the ha r this c detach	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ICE OF INJURY (Hame, fa tary, street, affice bldg., el		(Caunty) (State)
R ATTENDING retained by the RECTOR: After the State with the State		21. I certify that (I) (this haspit saw the deceased alive an	al) attended the deceased fram_	it death accurred	19, ta atM, fram causes	, 19, that (I) (we) last and an the date stated above.
OR ATTENDING De retained by JIRECTOR: Affer 8 3 shauld be 8d with the Stat		22a SIGNATURE	oroshue "	ATTENDING	MED STAFF DIRECTOR D PHYS.	22b. DATE SIGNED
may be RAL DIR		22 PHYSICIAN'S (NAME (Type) John J. Don	oghue	13-8 Works	rthern Ave. H	Hagerstown, Md.
O HOSPITAL Page 4 may O FUNERAL director, pag	230	BURIAL, CREMATION, 23b DATE THEREI STANDAL Specify) 5/29/6	DF 23c NAME OF CEMETERY OR		23d. LOCATION (City of To	
P P P S A15 (A)	2	FUNERAL DIRECTOR	Brunswick, Mo	Cometen	Petersystem Peters	THE TRAP S SIGNATURE



Rest Haven Funeral Chapel

Hagerstown, Md.

VR A15ME (5) 6M 1/66

Hagerstown, Washington, Md.
REG STRAR 256 REGISTRAR S S.GNATURE

Washington

25

12 CT ZEN OF WHAT

IF UNDER 1 YEAR

e IS RESIDENCE ON A FARM?

YES NO

Year

IE ... NDER 24 HRS

onset and Death

19 WAS AUTOPSY PERFORMED?

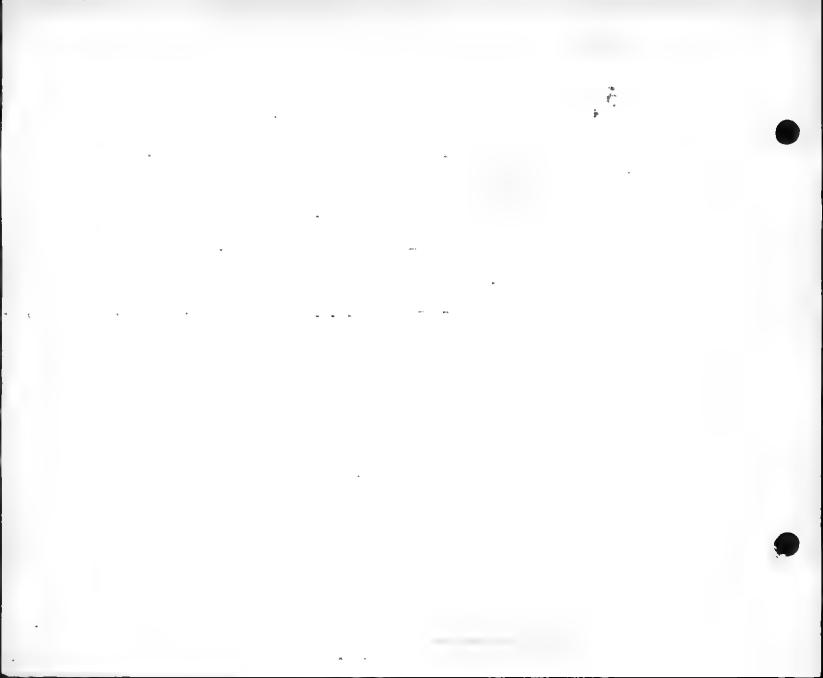
NO XX

(Stote)

and in my opinion

5/26/67

19 67





Home Inc

DATE

town

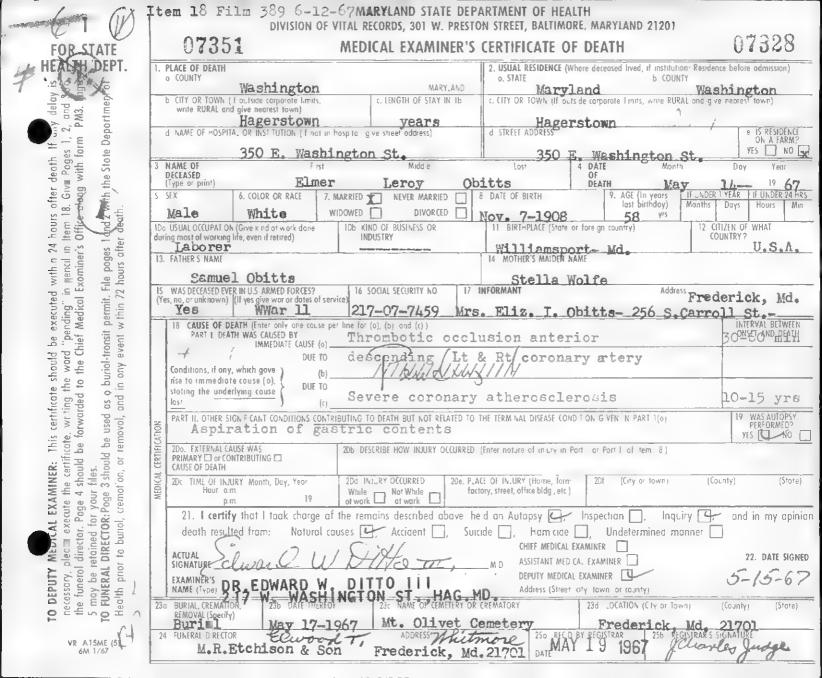
bur al-transit permit. Then please remave carban papers. Pages Tafd ? burial, crematian, ar removal, and in any event, within 72 hours after death within 24 hours filled in completely executed The law requires that the death certificate be attending physician. signed bur al-tr as the priartal ECTOR: After this certificate had should be detached far use with the State Dept. of Health OR ATTENDING PHYSICIAN: **DIRECTOR: After** director, page 3 shauld be filed v TO FUNERAL VR A15 (4) 25M 1/67

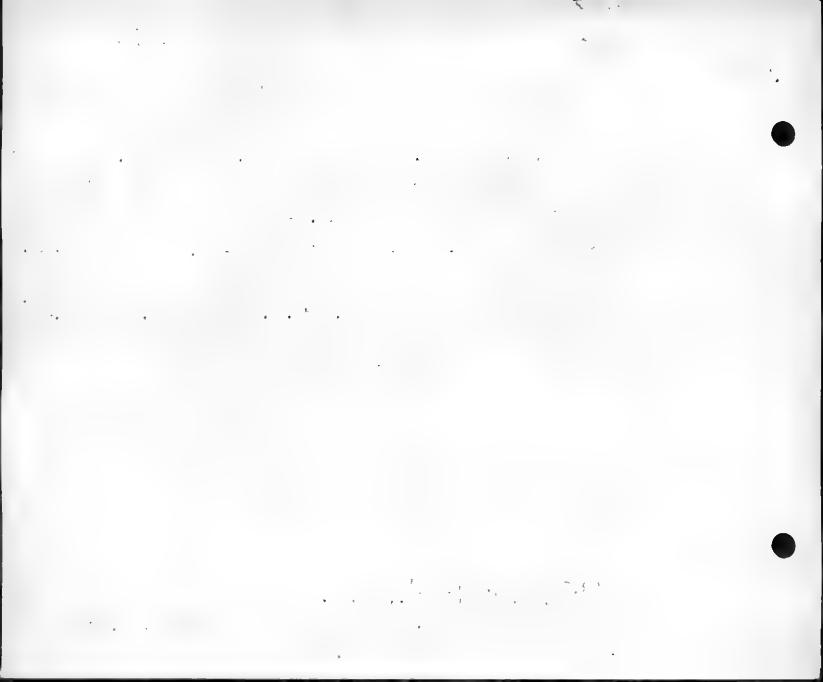
NAME OF

DECEASED

S SEX





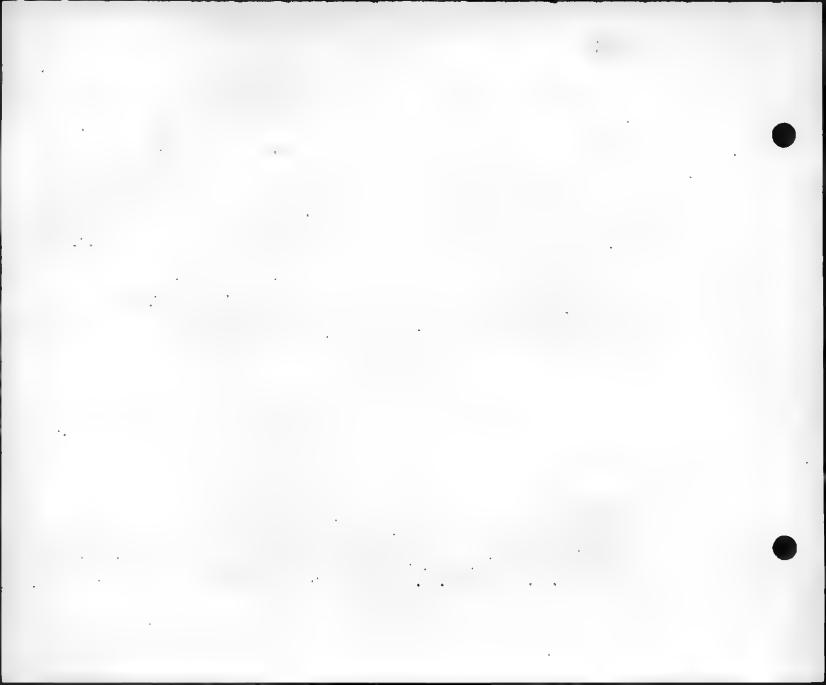


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours atterdeath. executed within 24 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law regulres that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	GERTITI	OUIL	OI DEATH			143				
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	E (Where dece			before admi	ssion)		
Washingto	on Maryl	AND	a. STATE Maryland b. COUNTY Washington							
b. CITY OR TOWN (if outside corpora write RURAL and give nearest to	ate limits, c. LENGTH OF STAY		c. CITY DR TOWN (If o	*	orate limits, write		a.a ^r	own)		
			William	sport		150	1.1			
d. NAME OF HOSPITAL OR INSTITUTI	ION (if not in hospital, give street ad	idress)	d. STREET ADDRESS	-		8.	IS RESID	ENCE		
Washington County	_		013 E. Fi	ederic	k Street	Y		X K O		
DECEASED	First Middie		Last	4. DATE	Month	Day	Year			
(Type or print) THELMA			ALMER	DEATH	May	3	1967	,		
5. SEX 6. COLOR DR RACE	7. MARRIED X NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years IF last birthday) M	UNDER 1 YEAR	FUNDER 24			
Female White	WIDOWED DIVORCED		Oct. 23 190	9		onths Days	Hours	MIII.		
10a. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retir	kdone 10b. KIND OF BUSINESS OR ed) INDUSTRY		11. BIRTHPLACE (Cou	inty & State, e	r fereign country)	12. CITIZEN C	F WHAT			
Housewife	Home	-	Maryl			U.S.				
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME						
David Walt Yo	440			ay Lit				_		
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unkown) (If yes give war or dates	ORCES? 16. SOCIAL SECURITY NO.	. 17. II	NFORMANT 13	B E	Frederic	k Street				
No	None	Mr.	Van D. Pa	lmer	Frederic Williams	port No	(<u>. </u>			
18. CAUSE OF DEATH [Enter only o	ne cause per line for (a), (b), and (c).]		11	1 6	INTER	T AND DE			
PART I. DEATH WAS CAUSED B IMMEDIATE CAUS	Cerebra		Umor	Clef	7]		wo	5		
Dul Dul	E TO			1	,					
Cenditions, If any, which	(b)		\							
cause (a), stating the DUI	gave rise to immediate (
underlying cause last.	(c)									
PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH OUTN	OTRELATE	ED TO THE TERMINAL DI	SEASE COND	ITION GIVEN IN PA	RT 1(a) 19.	WAS AUTO PERFORME			
ICA	nou	6				YES				
PARTIL OTHER SIGNIFICANT CONDIT	20b. DESCRIBE HOW INJUR ATH IINER)	RY OCCURI	RED. (Enter nature of	injury in Par	t I or Part II of I	item 18.)				
3 20c. TIME OF INJURY, Month, Day,	, Year 20d. INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, far, street, office bldg., et	m, 20f. (C	lity or town)	(County)	(Sta	te)		
20c. TIME OF INJURY Month, Day, Hour a.m. 19	THING I'M NOT COUNTY I'M	ractor y	, au cet, omeaulug., et	6.7						
21. I certify that (I) (this hos	spital) attended the deceased fr	om_Ju	ne 29 , 19	6 5, to 1	4ay-3	, 19 <u>67</u> , th	at (I) (we)	last		
saw the deceased alive on	lay 3 19 67, at	nd that d	death occurred at 8:	30M, from	n the causes ar	nd on the date	stated a	bove.		
22a. SIGNATURE	Hong of	M.D.		IED.	STAFF DHYS.	May 4,				
22c. PHYSICIAN'S NAME (Type) M. E. I	Byrkit, M. D.		28 West Po	otomac	Street,	Williams	port,	Md.		
238 BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CE	METERY O			ATION (City, tow		(State			
Burial (Specify) May 6	-67 Rest Haver	n Cem	eterv	Наде	rstown.	Marylan	d			
24. FUNERAL DIRECTOR	ADDRESS		25a. REC	D BY REGIST		ISTRAR'S SIGNA				
Albert L. Leaf Wi	lliamsport, Maryla	and	MAY 8	196	7 gales	relas Jus	lee.			

VR #15 (4) 20M 1/65

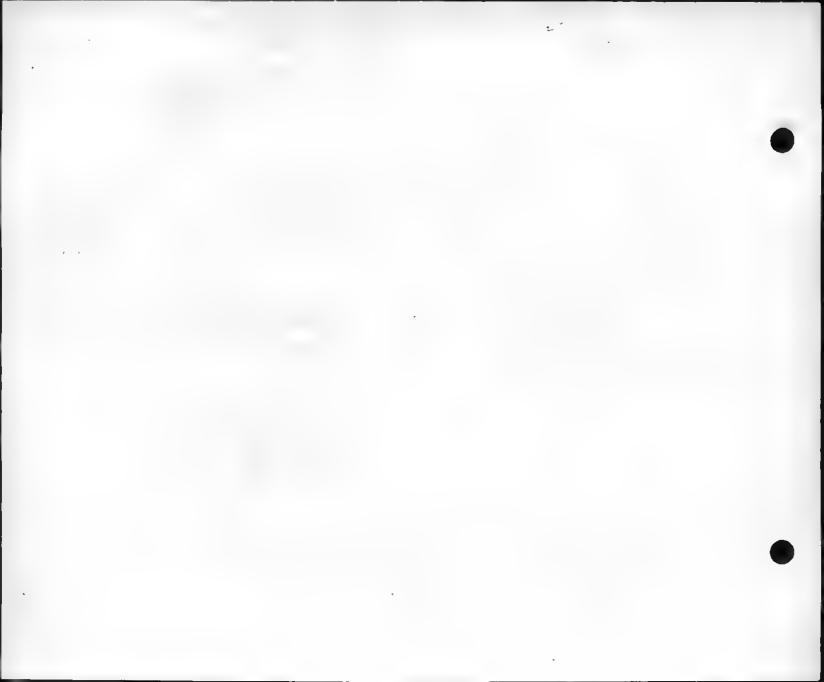


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07350			CERTIFI	CATE	OF DE	ATH			0	7330)
		PLACE OF DEATH						IDENCE (Where decease	ed I ved, if nstitu		efore admiss	ยดา)
	(o. COUNTY	WASHING	TON	MARYI	.AND	o, STATE	WASH:	INJTON	Ī			
	Ì	CITY OR TOWN (f outside corporate limi give nearest tawn)	ts,	C LENGTH OF STAY IN	l 1b	c CITY OR TO	WN (If ou	itside corporat	te limits, write RU	RAL ond give ne	orest town)	
		HAGERS	TOWN		55 YEAR	S		HAJ	ERSTO	M	, ,		
	-	NAME OF HOSPIT	A. OR INSTITUTION (If a	of in hospital,	give street address)		d STREET ADI	ORESS				e 15 RES	FAR M?
		WASHIN	GTON COUN	TY HOS	SPITAL		935	THE	TERRA	CE			NO X
		NAME OF DECEASED		ırst	Middle		Lost		4. DATE	Mon	th	Doy Y	901
	- ((Type or pnnt)	THOMA	S	WESLEY		PANJBOR	RN	DEATH			20, 1967	
	5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B DATE OF BIRT			AGE (In years last birthdoy)	Months Do		ER 24 HRS
		MALE	WHITE	WIDOWED			MAY 29	, 18	80	86 yrs			
	100	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR NOUSTRY		11 BIRTHPLAC	E (County	& Stote, or for	eign country)	12 CITIZEI COUNT	N OF WHAT	
			life, even if retired) PRESIDENT	MANÜ		FIRM			, NEW	YORK	COUNTRY? U.S.A.		
	13.	FATHER'S NAME					14. MOTHER'S		*******				
	<u> </u>		ES T. PANG					NNA	MORRIS				
	1\$ {Ye:	WAS DECEASED EVE s, ap, or unknown)	R IN U.S. ARMED FORCES?	of service)	SOCIAL SECURITY NO.		INFORMANT			635 40.	AK HILL	AVE.	
	`	NO ,	* * * * * * * * * *	21	14-09-5943	MR	ts, HELE	N FI	SHER,	HAGER	STOWN.	MARYLA	
			ATH (Enter only one co TH WAS CAUSED BY.	use per line for			A 1		,			INTERVAL B	DEATH
		, and it mean	IMMEDIATE CAUSE	. ,	CORONA	RY	Uccl	usi	OIY			ONSET ANS	42/
		Conditions, if ony		TO /1	RTERIOSC	1		21/	dien	2050		2011	125
		rise to immediat	0 (0) 00000	(b) <u></u>	RIERIOSC	1er	0110	_^ V	0126	426		20 y	KS
		stating the unde	rlying couse										
			CHIEICANT CONDITIONS	(c)	TO DEATH BUT NOT RELA	TED TO	THE TEDMINAL OF	ISEASE COL	IDITION CIVE	M IN DADT 1(a)		19 WAS AU	TOPSY
2	NO!	TAME I CHICK SI	DHITTCHITT CONDITIONS	CONTRIBUTINO	TO DEATH BUT NOT KED	CIED IO	the returnative ru	DENDE COL	IDITION GIVE	ir in sakt i(u)		PERFOR.	
,	MEDICAL CERTIFICATION	20o. ACCIDENT WAS	INDEDIVING [20h D	ESCRIBE HOW INJURY OF	CHERED	(Enter noture of	IBMEV ID	Port Lor Port	II of item IR)		10	NO PE
	ERI	OR CONTRIBUTING	CAUSE OF DEATH	200.0	ESCRIBE HOW INSORT OF	CORRED.	(Elliet Holdic of	11401 J 111	10-11 0: 1011	II or nam 10)			
	3	-	MEDICAL EXAMINER) JRY Month, Day, Year	20d	NJURY OCCURRED	20e PLA	CE OF INJURY (H	lame, førn	n. 20f	(City or town)	(County	/)	(State)
	WED	Haur o.r	11.	While	Not While	foct	tory, street, office	bldg., etc.		1-1 ,	, ,		, ,,
		21 Leartii	I L	otwar		fram	MAY	1	965 10	MAY 20	1 1967	that (I)	(WAS) In
		saw the de	eceased alive an_	TYAY	ded the deceased 20, 1967, a	nd tho	t death accu	rred at	930AM	, from couses	and on the	date state	ed abay
		220. SIGNATURE	11/	100					MED	STAFF C	22b DATE:	SIGNED	
			John U	Mu	ran	M.	1 117 01	X	DIRECTOR	PHYS.] MAY	22,19	67
		22c. PHYSICIAN S NAME (Tyde)	P	. 3/05	3.433		22d. ADD						h
1		Marie (. MG	DA. JUAN		RAN, M.D.			W. W		TON ST.		'OWN	MD.
	230	BURIAL, CREMATIC	1		23c NAME OF CEME				23d LO	CATION (City or To	own) (Co	unty)	(Stote)
		BU-CLAL (Specify		/67	ROSE HI	LL C				RSTOWN.			
)	24	FUNERAL DIRECTO			ADDRESS				D BY REGISTR		EGISTRAR S SIGN		
		CHARL	ES M. ROUZ	ER, HA	AGERSTOWN.	MARY	LAND	DATMA	Y 2 4	1967 /	Charles Col	8	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remaires that the death certificate be exacuted within 24 haurs after Meath TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fixed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, puttin 72 hours offer. Page 4 may be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07354 CERTIFICATE OF DEATH 07332 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **B. COUNTY** Washington Wash. MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) 24 years Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS 134 Broadway Washington County Hospital YES 🗍 NO I NAME OF First Last 4. DATE Year DECEASED HERMAN PECHART ERNEST (Type or print) May 67 DEATH 19 F UNDER 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9 AGE (In years IF JNDFR 24 HRS **NEVER MARRIED** lost birthdoy) Months Days Hours male white 11-15-1918 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) delivery **COUNTRY?** service Boiling Springs, Pa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward T. Pechart Laura Fahenstock IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 183-12-1990Mrs. Betty Pechart, Hagerstown, Nd. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove) DUE TO 19 WAS AUTOPSY PERFORMED? YES T NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter notuse of many in Port I or Port II of Item 18.) 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om. foctory, street, office bldg , etc.) Not While While of work ot work

rise to immediate cause (a), stating the underlying cause PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year

21. I certify that (1) (this haspital) attended the deceased from 3 and that death accurred at 1040 M, from causes and an the date stated above. saw the deceased alive an 5 27n SIGNATURE M.D. DIRECTOR PHYSICIANS eorge St., Hagerstown, Md.

23c NAME OF CEMETERY OR CREMATORY

ennings

23b. DATE THEREOF

RRICH COST	5-18-6	57	Springville,	Cen	netery	Boilings	Springs,	Pa
			ADDRESS		250 RECID BY	REGISTRAR 25b	JOCOB SCHOOL S	nda
Minnich	Funeral	Home.	Hagerstown	MA	LAMI	T 3 1201	1	0

Pot.

23d LOCATION (City or Town)

22b DATE SIGNED.

(County)

TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the S VR A15 (4) 25M 1/67

ve carban papers. Pagevent, within 72 hours

and in a

tending physician c mit. Then piease , ar remaval, and II

signed by the atter burial-transit permi burial, crematian, a

has been s ise as the t ith priar tab

far use Health p

S. SEX

230 BURIAL, CREMATION,

and campletely fi remave carban p

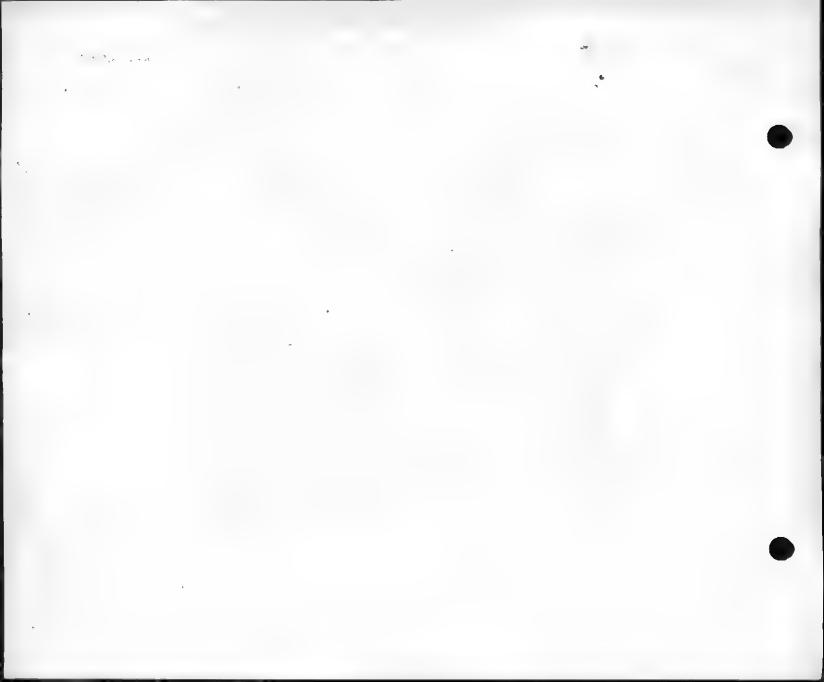
filled in

within 24 hours

requires that the death certificate be executed

HOSPITAL OR ATTENDING PHYSICIAN: The law

DIRECTOR: After this certificate

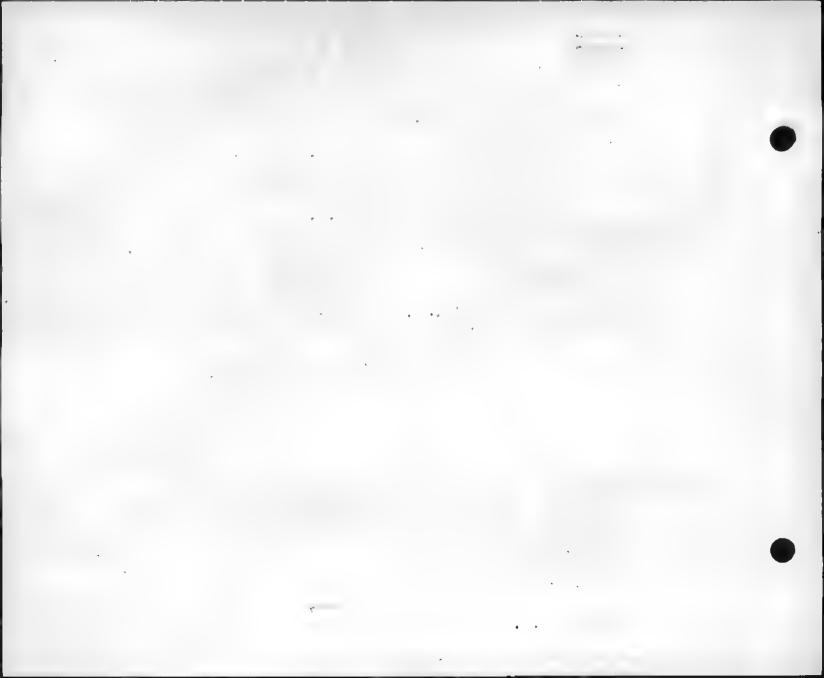


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

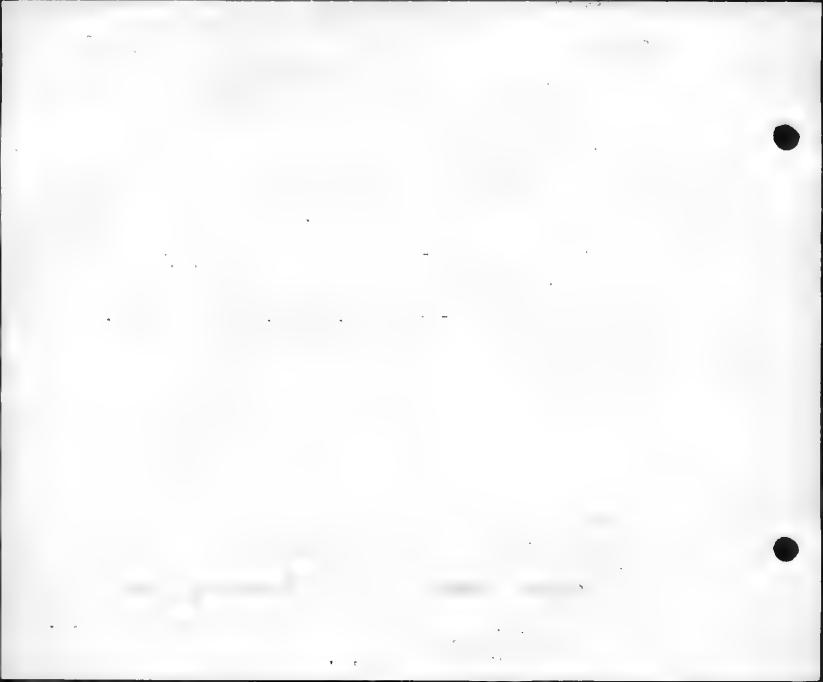
	(IVI)			0 (3 3 3 3	CEKTIFICATE	OF DEATH	07331
deoth	Tune of a support of the support of			LACE OF DEATH COUNTY Washington	HADWAND	2 USUAL RESIDENCE (Where deceo	sed lived if institut on Residence before admission) b. county Washington
Te Te	e fu es l		_	CITY OF TOWN (If or tode cornerate Lents	MARYLAND c length of stay in 16	f CITY OF TOWN III outside corner	ote limits, write RURA, and give nearest town)
o sinc	by th Pag	- 1	Н	write RURAL and give negrest town)	2 Days	Boonsboro, N	
ے ا	2 P. S. B.	7,	- {	NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FAR M2
1 24	a pe	Ĥ		Washington County H	ospital	Fahrney Keedy	Home YES NO.K
withir	and completely filled in by the fur remove carbon papers. Pages 1 in any eventywithin 72 hours ofter		1	AME OF Fust ECCASED Type or print) Harriett	Middle Grosh Rei	nsberg 4. DATE OF DEATH	May 15. 1967 Year
per	ple compa	*	-	ibe or busy			
ехесп	d com	7		emale White woo	OWED AT DIVORCED AT	ag. 31,1882	8 dest birthdoy) Months Doys Hours Min
p.	E E		10o	USUAL OCCUPATION (Give kind of work done 1 ig most of work gg,li(e, gyen if retired)	Ob KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or fo	COMMITTER
) te	ician lease ond			douse Ville	Own Home	Teffsvile, Per	ina. Country? A.
1			13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Cert	her her			Ruben Grosh		Amelia Love	
The law requires that the deoth certificate be executed within 24 hours ofter deoth	on. by the ottending phys transit permit. Then p cremotion, or removol,		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? TO or unknown) (If yes give, wor or dotes of service)	None Mr	NFORMANT s Gladys Hoffn	943 orest Drive nanHagerstovn, Md,
9	pel pel			18. CAUSE OF DEATH (Enter only one couse per lu			INTERVAL BETWEEN
-	physicion. signed by the buriol-transit buriol, cremot				Purdunal wh	er & homore	ONSET AND DEATH.
=======================================				7 DUE TO			
ires		- 1		Conditions, if ony, which gove) (b)			
nbe.	P Signal			rise to immediate cause (o), DUE TO			
. ≥	ding een the r to			lost (c)			
0	otteno has b ie as ie as			PART I- OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
		1	ATIO!	ante	roschootic hyan	+ dissus & othis	al fibrilla fine YES & NO [
AN.	al o Icat		3	20o ACC DENT WAS UNDERLYING 2	Ob DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Po-	rt 1 of item 18)
PHYSICIAN:	ospital or certificate hed far u		MEDICAL CERT FICATION	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
¥	is ce ach ept		칠			E OF INJURY (Home, form, 20f	(City or town) (County) (State)
5	the det		MED		While Not While focto	ry, street, office bldg., etc.)	
N.	by be Sto					1715 1967	o
OR ATTENDIN	be retorned DIRECTOR: / Je 3 should ed with the			saw the deceased olive an	1715 1967, and that	deoth occurred at 10 1.	A, from couses and an the date stated abo
AT	et Specific			22o. SIGNATURE	4	ATTENDING MED	STAFE 22b DATE 5 GNED
9	DIRECTOR: DIRECTOR: ge 3 should led with the			John St Ho-	mbaker. M.D.	PHYS DIRECTOR	□ STAFF □ 1-16-67
TO HOSPITAL	RAL DIR	7		22c PHYSICIAN'S NAME (Type) John H. Ho:	mbaker, M.D.		est Washington St.,
SP	4 m						stown, Md. 21740
오	Poge 4 may IO FUNERAL director, pag should be fa	Į	230	BURIAL (REMATION, 23b DATE THEREOF 5/18/67	23c NAME OF CEMETERY OR C		OCAT ON (City or Town) (County) (Stote)
2	5 5 °	2	2.4	2012 2 2 2 7 2 7 2 7	Reformed Ce		iddle town Maryland RAR 256 REG STRAR'S SIGNATURE
	VR A15 (4)	41	A'n	funeral Director drew K. Coffman Fune Hagerstown, Maryland	ral Home' Inc.	250. RECD BY REGIST	1967 Johnson Juses
	25M 1/67			Hagerstown, Maryland	l e	DATE	indi francis fudge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07356 funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 6 COUNTY WASHINGTON o COUNTY NASHINGTON MARYLAND MARYLAND 24 haurs after CLENGTH OF STAY IN 16 b City OR TOWN (If outside corporate limits. c (ITY OR TOWN (if autside caragrate whits, write RURAL and give negrest town) white RyRAL and give nearest town) 80 . YRS HANGOCK .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Per 73 ON A FARM? HOME W.MAIN ST. YES NO X requires that the death certificate be executed within 3 NAME OF First Middle Lost 4. DATE Month Year DECEASED Mabel Richards Cora (Type or print) DEATH 19 B. DATE OF RIRTH IF ... NDFR 24 HRS 5 SEX 9 AGE (In veors FUNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 ast birthdoy) 2.6.79 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 100. US JAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? SCHOOL FULTON COUNTY PENNA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, JOHN BROOKE RACHEL GREGORY IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 212.14.7860b MRS H.EDWIN BLAIR 673 OAK NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION After this certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS INDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF NUJRY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this haspital oftended the deceased from saw the deceased talive on and that death accurred at 2.257M, from causes and on the date stated above. TO FUNERAL DIRECTOR: 220 SIGNATURE ATTENDING O HOSPITAL OR director, page 3 shauld be filed v M.D. PHYS PHYS DIRECTOR 22d. ADDR 22c. PHYSICIAN'S NAME (Type) LOCATION (City or Town) 230 BURIAL CREMATION. DATE THEREOF (County) (Stote) 5.9.67 HANCOC 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR VR A15 (4) 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH

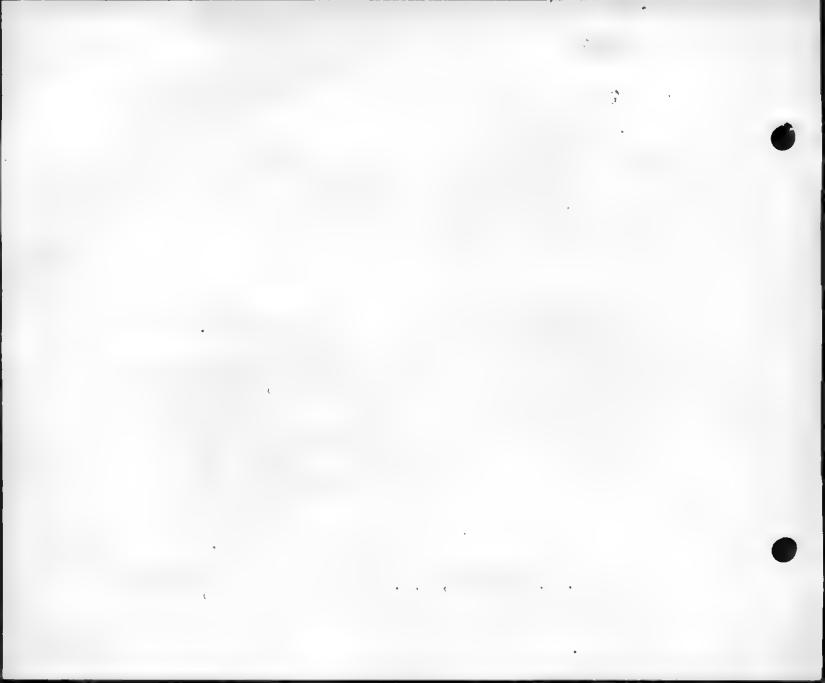


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07335 07358 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Washington o. STATE arvland MARYLAND b CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town)
Hagerstown c LENGTH OF STAY IN 76 c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Years d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) 206 No Colonial Drive Jackson Conv. Home YES 🗍 NO 2 NAME OF First Middle 4 DATE Manth Lost Year DECEASED PAKMER SHANNON MAUDE May 28 1967 19 (Type or print) S. SEX 6 COLOR DR RACE B DATE DE BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) White Female WIDOWED 37 DIVORCED 11 BIRTHPLACE (County & State, or foreign Wintry) Va. 12 CIT ZEN OF WHAT 10o USUA, DCCJPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working ite, even if retired)
Housewife Parkersburg Wood Co 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Sallie Hill George A. 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no, ar unknown) (If yes give wor or dotes of service Mrs Lucille Etchison 206 N. Colonial None Hagertown 1B. CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c)) INTERVAL BETWEEN nstant PART I. DEATH WAS CAUSED BY. Coronary occlusion IMMEDIATE CAUSE (6) 4201 DUE TO Arteriosclerotic heart disease with Conditions, if any, which gove Indefinite rise to immediate couse (a), vascular hypertension, arteriosclerotic DUE TO stating the underlying couse lost. WAS AUTO PSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 🛨 200 ACCIDENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form (City or town) (County) (State) 20c. TIME OF NJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour to.m. Not While at work of wark 19 57 to May 28 19 67, that (11 (we) last 21. I certify that (1) (this haspital) attended the deceased from_______, 1 saw the deceased alive on _____, 20_19 67, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 1 22b DATE SIGNED 220 5 GNATURE STAFF DIRECTOR M D West Washington Street 22d ADDRESS 48 NAME (Type) B. B. Kneisley M.D. Hagerstown, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 236 DATE THEREOF LOCATION (City or Town) (County) Frederick Frederick Frederick Mem. Park Hagers town Md. ADDRESS Coffman Funeral Home

filled pope hin 73 ond completely f event The low requires that the death certificate be executed signed by the attending physicion ond ca burial-tronsit permit. Imen please remo buriol, cremation, or removal, and in any TO FUNERAL DIRECTOR: After director, page 3 should be filed w



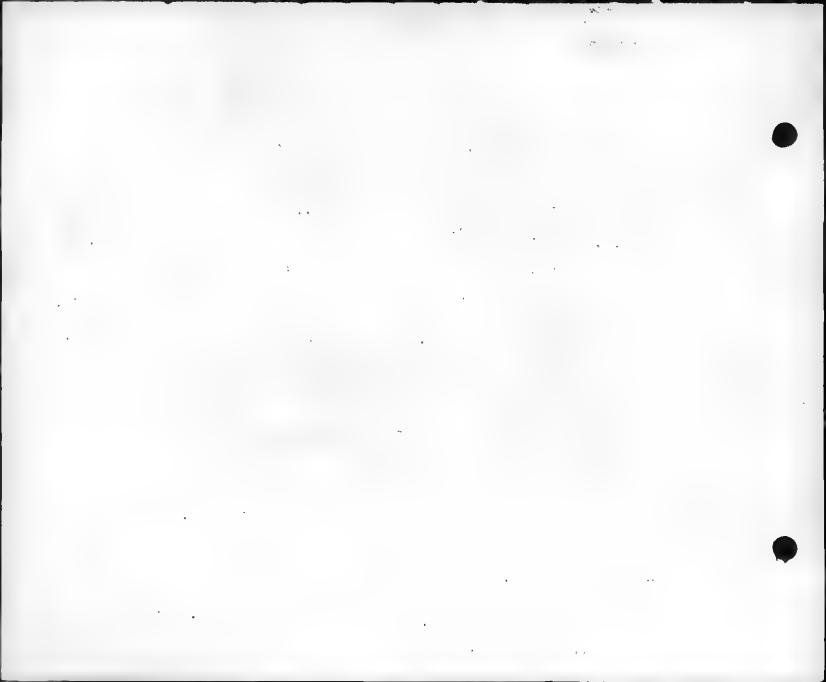
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cognetiately filled into the timeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 72 hours after death.

2

			-				
	MARYLAND STATE DE						
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS	, 301 W.	PRESTON	STREET, BA	LTIMORE	1, MARYLAND	J
07359	CERTIFICATI	E OF	DEATH			073	
PLACE OF DEATH a, COUNTY						on: Residence before	
Us shi ngton		a. 5	Mart	land	D. COUNTY	Washingto	

11475747	
a. COUNTY Vashington MARYLAND a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside STAY IN 1b) Sharpsburg C. CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest town) Sharpsburg	tside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 113 S Mechanic Street 113 S. Mechanic Street	hanic Street e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First Middle Last (Type or print) SILAS DAVIS SHIPLEY	DATE Month Day Year OF May 25 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED Feb. 6 1887	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Let d Supt. Maintenance College Wes	ty & state, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Fonrose Shipley 14. MOTHER'S MAIDEN Catheri	name ine Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 220 18 0250 Mildred Mc Graw	113 S. Mechanic St. Sharpsburg Md.
saw the decease glive on 5/2/67 19.67, and that death occurred at 4/22a, SIGNATURE	EASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 NO 2 Output In Part I or Part II of Item 18.) County (County) (State) AM, John the Causes and on the date stated above.
7/1	23d. LOCATION (City, town or county) (State)
Burial May 27-67 Mt. View Cemetery	Sharpsburg Maryland BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 29 1967 Charles Jungs

VR A15 (4) 20M 1/65



te Department

If the Sydit

land2

permit. File pages

burial-transit

o gue 90 nsed

any

.⊑

crematian, or removal,

burial,

2

pror

3 shauld

DIRECTOR: Page

event within 72 hours after death

950

2, and PM3.

Give Pages

Item 18

form

Bud

6

Office

farwarded to the Chief Medical Examiner's

pe

shauld

writing the ward

please execute the certificate,

delay and 3

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Washington a. COUNTY Washington Marvland MARYLAND b CTY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (flautside corparate imits, write RURAL and give nearest town) Hagers town Years Hagerstown d, NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2416 Virginia 2416 Virginia Ave Ave NO X NAME OF DATE First Middle Lost Month Year DECEASED CLIFFORD SHOOP HOLLEN 25 DEATH May 1967 (Type or print) 19 8 DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Bo birthdoy) Hours July 16 1.886 Male White WIDOWEDXX DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Broom Salesman Retired Mt Aetna Wash Co Md.. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary C. Foltz Shoop Levi IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service) 218-40-3410 Dallas E Shoop 2416 Virginia Ave Wd. Hagers town INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per me for (o), (b), and (c) ONSET AND DEATH Sudden PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (o) DUE TO Conditions, Fony, which gove hypertensive arteriosclerotic C.V.D. vears rise to immediate cause (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO K 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of minry in Port 1 or Port 1 of term 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20t. (City or town) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection xx Inquiry | ond in my opinion deoth resulted from. Notural couses xx Accident Suicide Hom cide Undetermined monner 5/26/67 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER SIGNATURE 580 Northern Ave. DEPUTY MEDICAL EXAM NER X **EXAMINER'S** Address (Street city, town, or county Hagerstown, Md. H.N. Weeks, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE THEREOF 23o BUR AL, CREMAT ON,

Rose Fill Cemetery

Hagerstown Md ADDRESS Thomas Inc

Hagerstown Wash Co Md.

VR A15ME (5) 6M 1/67

FUNERAL

pe

may Health

50

the

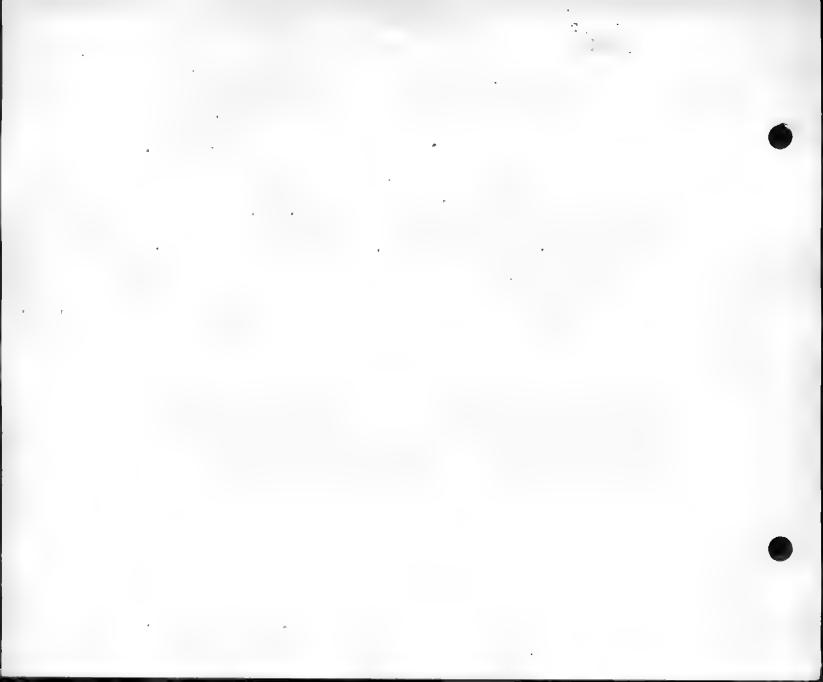


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

07361

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Ave	١		07361		CERTIFICAT	E OF DEATH	de .	07	7338
fune di			PLACE OF DEATH I. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE a. STATE Mary	(Where deceased lived, if I	county Was1	before odmiss on) hington
by the ful Pages 1 ours ofter		ŀ	o. CITY OR TOWN (If write SURAL and Hage	outside corporate limits, give nearest town) TSTOWN	c LENGTH OF STAY IN 16		outside corporate limits, wr arstown	ite RURAL and give n	regrest town)
ely fillers by the bound within 72 hours	7	C	Washin	LOR INSTITUTION (If not in hospit gton County I	ol, give street oddress) Hospital	d STREET ADDRESS	lrginia Av	·e.	e IS RESIDENCE ON A FARM? YES NOX
orbon st, with		-	VAME OF DECEASED Type or poot)	EDGAR	Middle GABE	SMITH	4 DATE	Month	Doy Year
i compl move con		5. 9	male	6 COLOR OR RACE 7. MARRI White WIDOW		B. DATE OF BIRTH Jan. 11	9 AGE (In ye	ears IF JNDER Y loy) Months D yrs	Zear IF UNDER 24 HRS Days Hours Min.
ottending physicion ond completely (spermit. Then please remove carbon on, or removal, and in ony event, wit		duri	g most of work ng li		KIND OF BUSINESS OR INDUSTRY ad blast. Mf	g Hager	y & State, or foreign country rstown, Md	COUN	EN OF WHAT NTRY?
ending physi nit. Then pl or removal,			FATHER'S NAME	Harry Smith		14. MOTHER'S MAIDEN		Gabe	
ottending permit.		(Ye	WAS DECEASED EVER s, no, or unknown) (Yes	IN U.S ARMED FORCES? If yes give wor or dates of service) WWI	16 SOCIAL SECURITY NO 17. 211-07-1868A	Matharir Katharir	ne Smith	Address Hagersto	own, Md.
physician. signed by the burial-transit i burial, cremati			Conditions, if ony, nise to immediate stating the underlost.	couse (o), (DUE TO	for (o), (b) ond (c))	rid flen	confige		INTERVAL BETWEEN ONSET AND DEATH
ol or attending icote has been for use as the Health prior to	2	CATION	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1	(0)	19 WAS AUTOPSY PERFORMED? YES NO 23
hospitol or certificate iched far us pt. of Healt		L CERTIFICATION	200 ACC DENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of stem	IB)	
the h this detac		MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.			ACE OF INJURY (Home, far ctory, street, affice bldg., etc		wn) (Count	ty) (Stote)
retoined by ECTOR: After 3 should be with the Stot				y that (I) (this haspital) att			M, fram coi	uses and an the	that (i) (we) last date stated above
Page 4 moy be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/		22c. PHYSiCIAN'S NAME (Type)	dames places	N	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.		
Page 4 TO FUNE director should		1	BJRIAL, CREMATION REMOVAL (Specify) Burial	5-3-67		Cemetery	23d 10CATION (City Boonsbor	o Maryla	ounty) (Stote)
VR A15 (4)	1	24.	FUNERAL DIRECTOR		ADDRESS	Mal 250 ALS	D BY REGISTRAR 2	Sb. REGISTRAR'S SIG	NATURE LUSAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY MARYLAND b COUNTY WASHINGTON WASHINGTON 3 to MARY, AND defay b CITY OR TOWN (f autside carporote limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL SMITHSBURG HACERSTOWN est town) 1 HR. d NAME DE HOSPITAL OR INSTITUTION (finat in haspita, give street address) d STREET ADDRESS 8 S RESIDENCE ON A FARM? with farm CAVE HILL RD. WASHINGTON COUNTY HOSPITAL NO 📉 NAME OF Midd e 4 DATE First Month Year DECEASED MAY CALVIN SMITH JR. 19 67 RALPH (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 CDLDR OR RACE NEVER MARRIED 8 DATE DE BIRTH AGE (In years land 2 with 7 MARRIED shauld be farwarded to the Ch of Medical Examiner's Office ala 2/10/1967 MALE WHITE event within 72 haurs after death WIDOWED DIVORCED i BIRTHP. ACE (State ar foreign cauntry) 10a USUAL DCCUPAT DN (G ve kind of work dane Ob KIND OF BUS NESS OR 12 CITIZEN DE WHAT COUNTRY? S.A. INFANT during most of working fe, even if retired) HAGERSTOWN MARYLAND burial-transit permit. File pages 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME MARY ANN WOLFINGER SMITH SR. RALPH CALVIN IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT SMANASSIG Address (Yes no, pt. Inknawn) (If yes give war ar dates af service) NONE MR. RALPH CALVIN SMITH SR. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) writing the ward DUE TO Canditions, if any, which gave rise ta immediate cause (a), and In DUE TO D stating the underlying cause SD used 19 WAS AUTOPSY PERFORMED? ar removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 14 NO 3 shauld be 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURRED (Enter nature of niury in Part I or Part II of Item 18) PRIMARY Or CONTRIBUTING L'AL EXAMINER: CAUSE OF DEATH MEDICAL 20c T.ME DF .NJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (State) Nat While Haur am factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark at wark 21 I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inquiry K. Inspection and in my aprillon Suicide . Hamicide [death resulted from Natura causes 🔀 Acc dent the funeral directar Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER prior 5-2-67 pe DEPUTY MEDICAL EXAMINER Hea th NAME (Type)2 Address (Street city, tawn, or caunty) NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town 50 CEM. MANOR CHURCH

25a REC D BY REGISTRAR

24 FUNERAL DIRECTOR

VR A15ME (5) \



00010

	04303)			CERTIF	CATE	OF DEATH	Н			UVI	140	
	PLACE OF DEATH a. COUNTY	AUTNOMON.					2. USUAL RESIDEN	NCE (W	here deceased lived	, Finstitution		fore admissiar	1)
		LSHINGTON			MARY				YLAND			INGTON	I
	b CITY OR TOWN (lf outside corporate limit d give nearest town)	\$,		c. LENGTH OF STAY IN	N 15	CITY OR TOWN	(If out:	side corporate limit	, write RURAL	ond give near	rest town)	
	HA	AGERSTOWN			LIFE		1	HAGI	ERSTOWN		21.7		
-	d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in h	aspital, ç	give street address)		d. STREET ADDRES					e IS RESIDE	ENCE
	23	6 NORTH MU	LBE	RRY			2	236	NORTH M	ILBERRY	7		NO 3
	NAME OF		rst		Middle		Last	T	4 DATE	Manth		oy Year	1
	DECEASED (Type or print)	MARG	ARE	T	KATHLEEN	V	SPESSARI	D	OF DEATH	MAY	4.	9 6	17
5		6 COLOR OR RACE	7 N	ARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years	IF JNDER YEAR	R IF UNDER	24 HRS.
-	FEMALE	WHITE		DOWED	DIVORCED	ZI	AUG, 19,		02 64	yrs	Manths Day		Min.
10a duri	USUAL OCCUPATION Druksow fo Jones most of June 19	I (Give kind of work done lide, even if retired)		10b. Ki	IND OF BUSINESS OR		11. BIRTHPLACE (Co	cunty &	State, or foreign cou	intry)	12 CITIZEN COUNTR	y 2	
4071	ing most of working	KEK			OWN HOME		WASHING	GTO	N CO. MAF	YLAND	U.	S.A.	
13.	FATHER'S NAME						14. MOTHER'S MAI	IDEN N	AME				
	WII	LIAM F. SE	MLE	R			J	IDA	J. LIZER				
15	WAS DECEASED EVE	R NUS ARMED FORCES?		16.	SOCIAL SECURITY NO.	17 I	NFORMANT				MULBE	BRY.	
(70	NO NO	(If yes give war ar dates:	ot servi	ice)		RU	SSELL L.	SPE	ESSARD.			MARYLA	MD
NC	Conditions, if any, rise to immediat stating the unde lost. PART II. OTHER SI	e cause (a), ((c) _	ar BUTING 1	TO DEATH BUT NOT REL	ATED TO 1	E Keurt THE TERMINAL DISEAS	SE COND	DITION GIVEN IN PA	RT 1(a)		9 WAS AUTO	PSY D?
CATI												YES N	10 D
CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		20b. DE	none mount of	CURRED	(Enter nature of Inju	ry in Pi	art I ar Part II of i	em 1B)			
MEDICAL	Наыг ал	JRY Month, Day, Year n. none 19		20d II While at war			CE OF INJURY (Hame ary, street, affice bidg		20f (City o	ir tawn) —	(Caunty)	(S	State)
	21. I certi	fy that (1) (16)(5)(i)(5)	o kal	atteni	ded the deceased t	from_J	an 24	, 19	66, to 1.	ey 4	_, 19_67	that (I) (y	vertyta:
		eceased alive on_		May	1 19 <u>67</u> , a	nd that	death accurred	d at s	SOP M, from	causes an	d an the d	ate stated	abav
	22a. SIGNATURE						ATTEMPLE		NED S	TAGE	226. DATE 5	GNED	
	Wa	rold KI	w	ch		M.D	ATTENDING PHYS			HYS 🔲	MAY	6. 196	7
	22c PHYS CIAN'S NAME (Type)	DR. H. R	. T	RITC	CH. JR. M.D).	22d ADDRESS 302 NO		I POTOMAC	ST. H			
73n	BURIAL, CREMATIC				T 23c NAME OF CEME				23d. LOCAT ON				ate)
	REMOVAL Specify BURIAL	5/8/			ROSE HILL								,
24	, FUNERAL DIRECTO		7/		ADDRESS			REC'D	HAGERST By registrar		TRAR'S SIGNAL	O MD	L
2.4		M. ROUZER		TTAGE		D.7.	l An	AY S		ycli	wes }	udge	
	OHARLES	TI. ROUZER	9	HAGE	ERSTOWN. MA	RYLA	ND DATE			_ W		U	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Sty filled in by the functal pages. Pages I ome within 72 hours ofter dean TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely, director, page 3 should be detached for use as the buriol-transit permit. Then please remove capatal should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, with Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07364 FOR STAT HEALTM PLACE OF DEATH 3 ta MARYLAND P.M3. Pag any delay

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before · Washington Washington Marvland b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Chewsville near / hewsville 4 Years d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Beck Road Beck Road YES NO X NAME OF First Middle 4 DATE Month DECEASED SPRECHER 25 1967 HARRY GORDON May (Type or pnnt) DEATH B DATE OF BIRTH AGE (In years IF JNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 7 MARRIED ST lost birthdoy) Hours Male White WIDOWED DIVORCED June 19 1923 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT dir ng most of work ng lite, even if retired)
Machine operator Mack Hagerstown Wash Co Md. Trucks 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Edgar F. Sprecher Bessie Longanecker 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or doles of service) 220-16-1916 Lester E. Sprecher 1760 Sheridan Ave INTERVAL BETWEEN Hagerstown Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY CHI THE SEATH 1) Hemorrhage from severed right femora IMMEDIATE CAUSE (o) arterv DHE TO sudden Conditions, if only which gove Stab wound in left lower quadrant nse to immediate couse (a), DUE TO stoting the underlying couse PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS) PERFORMED? XXXXXXXX NO R 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port II of item 1B) PRIMAR NO CONTRIBUTING .ife stabbed victim with hunting knife CAUSE OF DEATH MEDICAL 20f (Lity or town) Near (County) 20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home form (State) foctory, street office bldg, etc.) While Not While of work O of work Trailer ChewsvilleWash.Co. Md. 6:20 px 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry , and in my apinion death resulted from Natural causes Accident Suicide Hamicide K Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER X 580 Northern Ave. Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) (County) Rose Hill Cemetery #agerstown Wash Co Md Hagerstown Md. ADDRESS Iman Funeral Home 25b REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 1967

VR A15ME

5 may TO FUNE Hea th

may be retained for your FUNERAL DIRECTOR: Page

Jand 2 with the State Departmen

event within 72 hours after death

any (

burial-transit permit. File pages

SD nsed remayal,

3 should

files.

Page /

funeral directar.

the

cremation, or

pr

gud

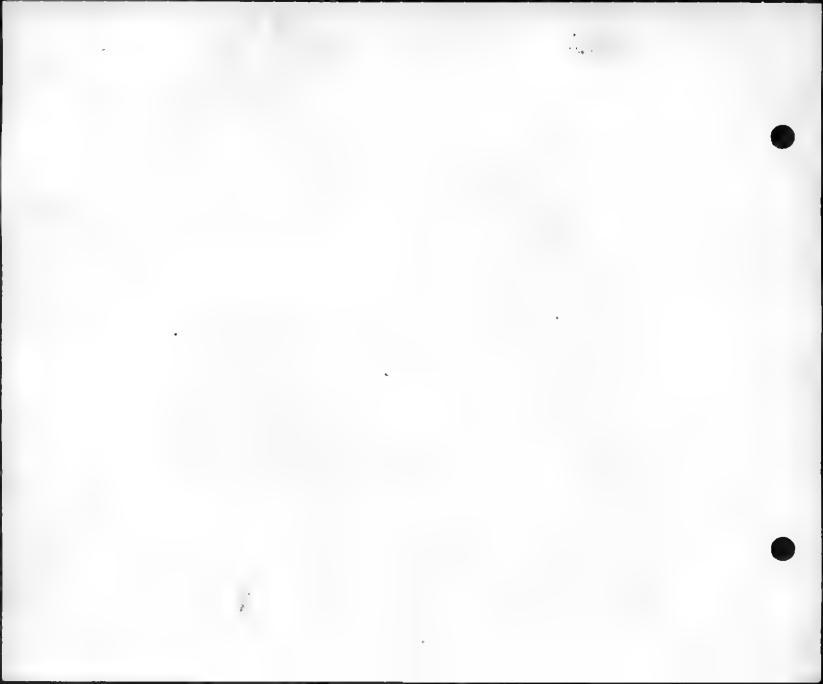
the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form

the certificate,

please execute

MEDICAL EXAMINER:

certificate shauld be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07365			CERTIFICATI	OF DEATH	073	42
t	PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAND	o. STATE Md		ash.
	Hagerst	own		45 years	Hagerst	de corparate limits, write RURAL and giv	. /
		ton County		,	56 B. F	ranklin St.	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	CHARL	E S	Middle LESTER	STINEBAUGH	PZOIII	24, 19 67
S.	male	-3-3-4	OWED [DIVOKEED	B. DATE OF BIRTH Aug. 21, 19	9 AGE (n years last burthday) Months Months	Days Hours Min
1De	usual occupation (ring most of working life assemble	Give kind at work done te, even if retired) Br		o of Business or USTRY 1d blast	13 BIRTHPLACE (County & S	(6	TIZEN OF WHAT DUNTRY?
13		John J. Sti		0	14. MOTHER'S MAIDEN NA	Agnes L. Leal	kway
1S (Y	was deceased even es, no, or unknown) ((IN U.S. ARMED FORCES? If yes give war or dates of servi	16 S(informant cs. Galdys	Stinebaugh, Ha	g., Md.
		NTH (Enter only one couse per I WAS CAUSED BY IMMEDIATE CAUSE (a)	,	7. (). 6 / A			INTERVAL BETWEEN ONSET AND DEATH NOURS
	Conditions, it any, it is to immediate	cause (a)	quam	ous cell carc	inoma, pharyn	x with	9 months
	stoting the underliast.	ying cause (c)		hageal and tr			
CATION	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIE		DEATH BUT NOT RELATED TO		. ,	19 WAS ALTOPSY PERFORMED? YES NO
MEDICAL CERT F CATION	2Da ACCIDENT WAS I OR CONTRIBUTING C (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	rt For Part T of Item TB.)	
MEDICA	2Dc TIME OF INJUR Haur a.m. p.m.	10	20d INJ While at work	Not While for	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f (City or town) (Co	iunty) (State)
	saw the des	that (I) (this haspital) cased alive an May	attende 24	ed the deceased fram19 <mark>67, and tha</mark>	, 19 if death accurred at 1	2:401, Prom causes and an t	
	220 SIGNATURE	hu NJ	chi	ue M Om	D P#195 [] DI	ED CTACE	ATE SIGNED 5-25-67
	22c. PHYSYCAN'S NAME (Type)	John H. Kehne	, M.	D.	LB29 Ravenw	ood Hgts., Hagers	town, Md.
23	BUR AL, CREMATION REMOVAL (Specify)	23b DATE THEREOF 5-27-6	7	23c NAME OF CEMETERY OR Rose Hill	Cemetery	23d LOCATION (City or Town) Hagerstown,	(County) (Stote) Md •

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and Behauld be filled with the State Dept. of Health prior to burnol, cremation, or removal, and in any eyent, within 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

24 FUNERAL DIRECTOR
Minnich Funeral Home, Hagerstown,

2So. REC'D BY REGISTRAR

Md.

REGISTRAR'S SIGNATURE 2Sb.

-c to

e 32 - 1:

4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after pleath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 672/13

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: trestoence before admission)
a. COUNTY Washington	a. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	C. GITT DR THWN (IT OBTSIDE COSPORATE HINIES, WITH RORAL and give hearest town)
Sharpsburg	Sharpshurg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
107 S. Mechanic St.	ON A FARM? 107 S. Mechanic St. YES ☐ NO K
3. NAME DF First Middle	Last 4. DATE Month Day Year
	ckslager DEATH May 3 19 67
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED XX DIVORCED	May 27 1897 69 yrs. II Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Housewife Home	Sharpsburg Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence Mongan	Lillie Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, mo, or unkown) (If yes give war or dates of service) 217-16-2085 Mx	. James Stockslager
[21]-10-200) [11	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) KYO (AR DIAL	INFARCTION SUDDEN
21201	Death
	ERUTIC HEART DISEASE
gave rise to immediate (TOO LIO GENOL DISENS!
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
W W	YES NO T
E 20a, ACCIDENT WAS UNDERLYING (1) 1 20b, DESCRIBE HOW INJURY DCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
E p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	.5 /19 , 1966, to 573 , 1967, that (1) (we) last
saw the deceased alive on 57.3 19.6.7, and the	at death occurred at 6P M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
1 (Eleaner M.	D. ATTENDING PHYS. STAFF 3/67
	1 224 ADDOCCO
22c. Physician's R. amarillo	Sharpsburg, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, REMOVAL (Specify) Burial May 6-67 Mt. View Cen	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) netery Sharpsburg Maryland
	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)

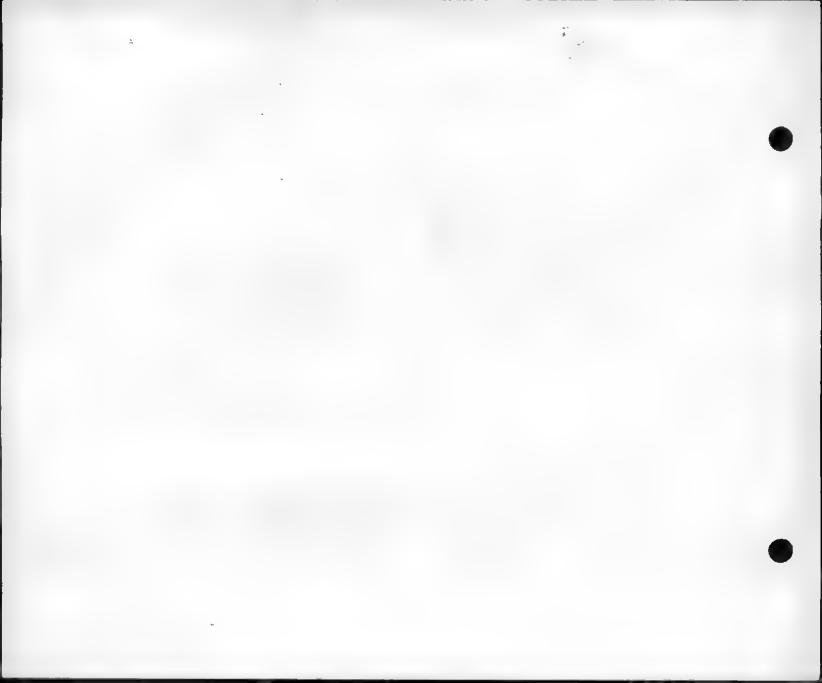
VR AI5 (4) 20M 1/65



		27367	CERTIFICATE	OF DEATH		17344
		PLACE OF DEATH COUNTY Washington	7 MARYLAND	o STATE	ere deceosed lived, finstitution b COUNTY	
	1	CITY OR TOWN (if outside corporate limits, write RURAL and give negres) town PTS	- '/	Gru	de corporate limits, write RURAL PICASE	
1		I. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	. Wash.	6. IS RESIDENCE ON A FARM? YES NO
	(NAME OF PIRET PRINTS First Property Pro	The state of the s	STRITE "	OF May	Boy Year 1967
		Lemale White will	ARRIED NEVER MARRIED 8	2/13/1873	3 lost birthday) A	F JNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	dur	JSUAL OCCUPATION (Give kind of work done notified of working life, even interred))	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	, Co., la.	12 CITIZEN OF WHAT
		FATHER'S NAME AIMES Decetr		AMELIA	WEAVER	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, op [inkhown] (If yes give war or dates of servi		ect di	Centrich-	Waynesboupa
		18. CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a) (b) fand (c)	rolling	ndio rascu	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a),	disease			1545
		last.	TO DEATH BUT NOT DELAYED TO THE CONTROL	THE TERMINAL DISCASE COMBI	TION OWEN IN DART 1(-)	19 WAS AUTOPSY
•	CERTIF CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				PERFORMED? YES NO
	AL CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (20d. INJURY OCCURRED 20e, PLAC	E OF INLURY (Home, form,	20f (Cty or lown)	(County) (Store)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o m.	While Not While of work of work	ory, street, office bldg., etc.)		
		21. I certify that (1) (this haspital) saw the deceased alive an column 220. SIGNATURE	19 and that	death occurred at	, ta 30 MM, from causes an	d an the date stated above
		72c. PHYSIC AN S	MD MD	ATTENDING DI	ED. STAFF PHYS	5/3/67
/	23o	NAME (Type) BURIAL CREMATION - 236 DATE THEREOF	23c NAME OF CEMETERY OR I	CREMATORY	23d LOCATION (City or Town)	(Sounty) 7 (State)
		EUNERAL-DIRECTOR	7 Cecaux A	cill	SY REGISTRAR 254 REGIS	
	6	1,6. Minnieh -	Fremosotto	a MAY 8	1967 Juli	new Jung

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbair papers. Pages 1 and shauld be filed with the State Dept of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after depth VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 97368 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission G. COUNTY b. COUNTY Washington Penna. MARYLAND Franklin b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown 1h mo-Waynesboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Avalon Manor 135 Snider Ave. YES NO 3 3 NAME OF Middle 4 DATE First Lost Month Year DECEASED Newton 19 67 ummer May 9 DEATH (Type or print) S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED **NEVER MARRIED** last birthdoy) Hours Sept. 8. 1887 WIDOWED DIVORCED Male White 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Major INDUSTRY COUNTRY? Franklin Co., Penna, Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME B. R. Summer May Duey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Rosalie S. Dayhoff Waynesboro. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH rom 60414 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove CIVELTE rise to immediate couse (o). DUE TO stating the underlying couse last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PERFORMED? CERTIFICATION 185567 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED /Enter nature of injury in Port I or Port II of item 18.1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased fram + 1 and that death accurred at/6.20 M, from causes and an the date stated above saw the deceased alive on L 22o. SIGNATURE DATE SIGNED STAFF DIRECTOR 22c. PHYSICIAN 22d. ADDRESS 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) 5/12/1967 Green Hill Waynesboro, Franklin, Penna.

REGISTRAR

DATE

2Sb.

REGISTRAR'S SIGNATUR

ADDRESS

Waynesboro. Penna.

law requires that the death certificate lle enechted within 24 llours after campletely filled in event, within 72 n any pup signed by the attending ph bunal-transit permit. They ar rema cremation, burnal-transit by the haspital ar attending physician as the detached far use te Dept. af Health this certificate State Dept. TO FUNERAL DIRECTOR: After be retained shauld filed with the directar, page should be filed Page 4 may

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR



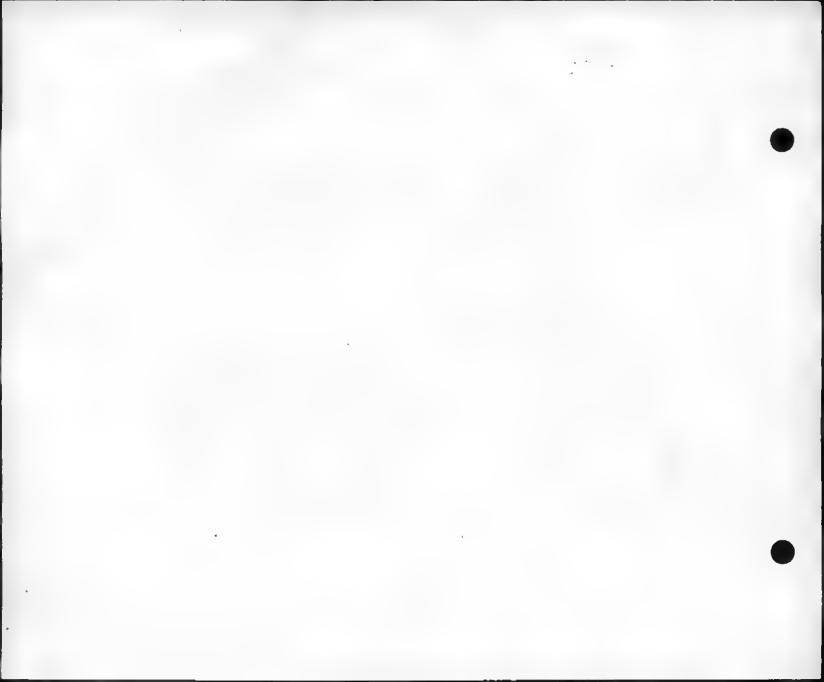
		07363	CERTIFICATE	OF DEATH	0	7346
E B S		PLACE OF DEATH D. COUNTY	MARYLAND	2 USUAL RESIDENCE (WI o. STATE Marylan	nere deceased lived, if institution R b. COUNTY	,
the fundamental sources		Washington O(TY OR TOWN (If outside corporate fin write RURAL and give nearest tawn)	nits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outs	ide carporote imits, write RURAL ar	dashington and give neures Town)
ond completely filled in by the funero remove cachon papers. Pages and a an event, within 72 hours offer deal		Hagerstown Mar	nat in haspital, give street address)	Hagerst		e IS RESIDENCE ON A FARM?
fille	-	lashington Coun	ty Hospital First Middle		ton Av.	YES NO X
真		DECEASED Type or print) Helen	07	umers	4 DATE Month OF DEATH May	Day Year 28 19 6.7
		SEX 6. COLOR OR RACE		B. DATE OF BIRTH	9 AGE (n years IF L	JNDER 1 YEAR IF UNDER 24 HRS
	F	emale Colored	WIDOWED A DIVORCED	Feb 13 189	6 71 yrs Moi	nths Days Hours Min.
icion ond leose rel and na	dug	USJAL OCCUPATION (Give kind of work doing most of working life, even if retired) OMestic		Sharpsbu:	State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
ysici ple ol, a		FATHER S NAME		14. MOTHER'S MAIDEN NA		USA.
Ihen mov	L	George H. King		_Mary V.		
mit. I	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unknown) (If yes give war or date 110	s of service)	NFORMANT Malcoma	Address Brown 243 N.	Jonathan At
as the buriol-tronsit permit. Then please remove cechon papers. prior to buriol, cremotion, or removol, and a any event, within 72 h		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	JE (a) Clituro - Se JE TO Ceneral C JE TO (c)	artie H	ear Dose Scherpin	INTERVAL BETWEEN ONSIR AND DEATH
icote hos been for use as the Heolth prior to	ATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBLTING TO DEATH BUT NOT RELATED TO T	HE TERMINA. DISEASE (OND	ITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Po	ert 1 or Part 11 of item 18)	
detack detack te Dep	MEDICAL	20c. TIME OF IN.JRY Month, Doy, Year Haur a.m. p.m.	While - Not While - focto	E OF INJURY (Hame, form, ary, street, office bldg, etc.)	20f (C 'y or town)	(County) (State)
R: After old be the Stot			espital) attended the deceased from	death accurred at	M, fram causes and	, 19, that (I) (we) last age the date stated gbave
3 sho		220 SIGNATURE	Beach M.	ATTENDING DX N	IED STAFF 2	OCTESIONED 30/7
TO FUNERAL DIRECTOR: After this certical director, page 3 should be detached should be filed with the Stote Dept. of		22c. PHYSICIANS NAME (Type)	Beachley	22d. ADDRES	sum.	4/1/0/
Should		BUR AL, (REMAT ON, REMOVAL (Specify) UTIAL June			23d LOCATION (City or Tolvin)	(County) (State)
≃ ().		FUNERAL DIRECTOR	ADDRESS			AR S SIGNATURE
R A15 (4) \$5M 1767	-	offine Rivotam	on Wageston m	DATE JU	IN 2 1967 VC	Limiter Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ low requires that the demth certificate be executed within 14 hours ofter death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



CERTIFICATE OF DEATH ond 2 death. within 24 hours after deoth. (uneral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. STATE b COUNTY o. COUNTY WASHINGTON MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate limits, papers. '27 hours 24 YEARS HAGERSTOWN IS RES DENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 446 WEST FRANKLIN STREET WEST FRANKLIN STREET. NO X NAME OF Middle 4 DATE Month Year First completely DECEASED 67 TAYLOR MAY EUGENTA HENRIETTA (Type or pnnt) DEATH requires that the death certificate be mxecuted SFX B. DATE OF BIRTH AGE (n years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (asb birthday) Hours AUG. 19, 1867 WHITE Ony WIDOWED X DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCLPATION (Give kind of work dane COUNTRY? during most of warking ife, even if retired) INDUSTRY physicion of the please CARROLL CO. MARYLAND HOMEMAKER OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME an, or removal, CATHERINE E. LOOBY ANDREW F. FOWLER 17. INFORMANT FRANKLIN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service 216-54-8419 MRS. MARGUERITE E. HANN. HAGERSTOWN. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-trans# p burial, cremot Syears PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis DUE TO Canditions, if any, which gave Arteriasclerotic Cardio Vascular Disease rise to immediate couse (a), DUE TO for use as the l Health prior to b stating the underlying cause hos been () Senility WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.d.) NO ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work at work **DIRECTOR:** After 21. I certify that (1) ktyschospitally attended the deceased from May 1, 1967, to May 27, 1967, that (1) keek last saw the deceased alive an May 26, 1967, and that death accurred at 5 A.M. from causes and an the date stated above. be retained director, page 3 should should be filed with the saw the deceased alive on Nav 26 22b. DATE SIGNED 22a SIGNATURE MAY 29, 1967 M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) 215 W. WASHINGTON ST. HAJERSTOWN, MD. E. W. DITTO. JR. M.D. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((aunty) 230 BUR AL CREMATION REMOVAL (Specify)
BURTAL WESTMINISTER CARROLL 2So. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR CHARLES M. ROUZER. HAGERSTOWN.



N-		073	7.1		CERTI	FICATE	OF DEATH			0734	18	
he upot		PLACE OF DEATH COUNTY NAShingto	n Foutside corporate limits		MAI	RYLAND	2 USUAL RESIDENCE O STATE Maryle C CITY OR TOWN (IF	and	10) d	hingto	n	
		write RURAL and Tagerstov	l give nearest tawn)	t in haspital, g	1 Day			Boonsbo		SKAL ON GIVE	e SI	RESIDENCE A FARM?
completely filled in nave carbon papers.	3.	NAME OF DECEASED Type or pont)	Jason		Middle Lester		Lost Thomas	4 DATE OF DEATH	Mey	25,	Doy	Year 19 67
and comp remave	1	SEX (a le	6 (OLOR OR RACE White (Give kind of wark dane	WIDOWED	NEVER MARRI		DATE OF BIRTH April 3, 1 11 BIRTHPLACE (Coun	890	AGE (In years tast birthday) yrs.	4	Days Ho	
physician o physician o en please oval, and ir	dur	ng most at warking Pa rmer FATHER'S NAME		INI	Parming		Rural Boo	nsboro			S. A.	
ne death certifi attending phys permit. Then ian, or removal	15 (Ye	WAS DECEASED EVE	Ler Thomas RINUS ARMED FORCES? (If yes give wor or dates a	f service)	5-36-7096		Ellen I FORMANT s. Nannie		Add	1.97	-	ro.
Flaw requires that the death certificate be executed within 24 hours ending playsician. Seen signed by the attending physician and completely filled in by the strength permit. Then please remaye carbon papers. Pa as the burial-transit permit. Then please remaye carbon papers. Pa or the burial, crematian, or removal, and in any event, why no 72 haurs to burial, crematian, or removal, and in any event.		TB. CAUSE OF DE PART 1 DEAT 1 DEAT 1 DEAT 1 OF DEAT 1 DEAT	e couse (a), DUE	(a) (b) (c) (c)	(a), (b), and the perfect of the control of the con	seo 1	Han.	o las	edal	C	INTERVAL ONSET A	BETWEEN NO DEATH
tal ar att ficate ha far use f Realth f	CERTIFICATION	20a ACCIDENT WAS	CAUSE OF DEATH				IE TERMINA. D SEASE (` '		19 WAS PERFI YES	AUTOPSY ORMED?] NO [
ATTENDING PHYSIC staned by the haspi CTOR: After this cert should be detached ith the State Dept. a	MEDICAL C	20c TIME OF INJU Hour a.m p.m 21. I certif	10	While of work	led the deceased	factor	OF INJURY (Home, for y, street, affice bldg., e	19.6 / to	(City or town)	((aur		(Stote)
All OR		220 SIGNATURE 220 PHYSICIAN S NAME (Type)	-GU	111	an	MD	ATTENDING PHYS 22d. ADDRESS	MED DIRECTOR	STAFF E	22b. DA	te signed of 26	
Page 4 may TO FUNERAL Girector, pa Ashauld be fi		BLRIAL, CREMATIC REMOVAL (Specify EAT 12 FUNERAL DIRECTO	5- 29	PEOF 9- 67	Boonsbo		neterv	Boo	CATION (City or Tonsboro,		County)	(State)
VR A15 (4) 25M 1/67			st. Jr. 112	N. Ma		onsboi	25o. M	AY 3 1	1967	Mari	es Ju	ye.



please 4 shoul O FUN Health VR ATSME

,

12

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 pure tetained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with-the State Department, of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STA	TISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET,	BALTIMORE	1, MARYLAND
97373	MEDICAL	EXAMINER'S	CERTIFICATE	OF D	EATH (7350

-		ACE DF DEATH	2. USUAL RESIDENCE (Where deceased fired, If Institution: Residence before admission)
		ashington MARYLAND	a. STATE b. CDUNTY
ı	h :	ESTITING COLI MARYLAND CITY DR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	New Jersey Essex County c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town)	
- 1		gerstown Maryland 7 days	Newark, N. J.
	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	42	1 D, Sumans Ave	711 South 11th. Street VES NO
V		ME OF First Middle	Last 4. DATE Month Oay Year
I			Vare DEATH May 11 19 67
A	5. SE		DATE OF BIPTH I 9 AGE (In Years LIFTINDER 1 YEAR HELINDER 24 HRS
	Mo	le Colored WIOOWED ONOREED	May 18 1916 50 yr as, Months Days Hours Min.
	10a. US	UAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	1000	most of working ilfe, even if retired) INDUSTRY	Elkton, Va. USA
		ATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Gilbert Ware	Carrie Taylor
	15. W/		INFORMANT Address
	(Yes, n	o, or unknown) ((f yes give war or dates of service)	7VI South 11th St.
			ennie B. Ware Newark N. J.
	18	. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DRATH
4		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CYOUUL /	cc/ascori tuged
		HAUI DUE TD	
	Co	notitions is any which i	artenasclasso + 20 year
		ve rise to immediate	and gate
		use (a), stating the DUE TO Antonio Celai	oLic Geast Disease
		derlying cause last.) (c) 77 yxxx (c) Security (c) RTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
n		RETIT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMEU7_
7	CA		YES NO
	20	a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CERTIFICATION DE SAGE	IMARY or CONTRIBUTING use of Death.	
			CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	WEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)
		p.m. 19 at work at work	
		21. I certify that I took charge of the remains described above, hel	
		death resulted from: Natural causes 🖵 Accident 🔲, Sui	cide , Homicide , Undetermined manner
			CHIEF MEDICAL EXAMINER
		GNATURE Church W XIXa III	M.O. ASSISTANT MEDICAL EXAMINER
			DEPUTY MEDICAL EXAMINER 2
	N/	MAME (Type) Edward W. Ditto, III, M.D.	Address (Street, city, town, or county) Harerstown Wash.
		SURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	Di	REMOVAL (Specify) 5-16-1967 Rose Hill Co	emetery Hagerstown Md.
		UNERAL DIRECTOR ADDRESS	1 752 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	0	0 nut - 4) + -1	MAY 1 6 196/ / Coards yman
	71	The & Ublan on Masson ma	DATE

VR A15ME 3500 4-64



973	74		CERTIFI	CATE OF			07	351	
a. COUNTY	WASHING	TON	MARYI	a 51		Vhere deceosed YLAND	lived, if institutio b COUNT	NASH	ore admission) NGTON
writERA	OWN (If autside corpo	own)	50 YR			tside corparate l CRSTOWI		il and give neare	st town)
	OSPITAL OR INSTITUTION WALNUT		, give street address)	1	6 N. W	ALNUT	ST.		B IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or prin		GUY	BOYD	WEI	lost ZEL	4 DATE OF DEATH	Manth MAY	10	19 67
S SEX MALE	6 FOLOR OR WHI	TE WIDOWE	DIVORCED	LECKY	21/191	1 1	GE (In years ost bythdoy) 53 yrs	Manths Doys	
during most	PATION (G ve kind of w		KIND OF BUSINESS OR LINDUSTRY METAL	MFG. C		IRGINI		12 CITIZEN O	A.
	RVEY W.	WETZEL			THER'S MAIDEN N				
Yes, no. or ink	ED EVER IN U.S. ARMED awn) (If yes give wor W •	or dates of service)	social security no. 217-09-96	17 INFORMA 66 MR.	CLYDE	H. WES		AGERSTO M	OWN O
	OF DEATH (Enter onli I. DEATH WAS CAUSED IMMEDIA		or (a) Ab), and All of	Way y	Myon	10712)	· 10	TERVAL BETWEEN
Conditions,	イエロー if ony, which gove nediate cause (a), {	DUE 10	anter10	1/2/201	40 4	ray	f188.4	19 101	1 Rosen
stating the	underlying cause	DUE TO (4)		· · · · · · · · · · · · · · · · · · ·					
PART IV 9	HER SEGNIFICANT CON	OFFICIAL POPULATION OF THE PROPERTY OF THE PRO	TO DEATH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE CON	idition given "	PART 1(0)		WAS AUTOPSY PERFORMED? YES NO
OR CONTRIE	NT WAS UNDERLYING T IUTING TO CAUSE OF DE IOTIFY MEDICAL (XAMI)	ATH / //	DESCRIBE HOW INJURY OC	CURRED (Enter not	ure of injury in F	Part I or Part II	af item 18.)		
20¢ TIME	OF INJURY Man h, Do our a.m. p.m.	Whi		20e PLACE OF INJ factory, street	JRY (Home, form, office bldg., etc.)		ity or town)	(County)	(State)
saw	he deceased aliv		Aded the deceased to 1907, a	rom 3 - 3 nd that death	accurred at	967, to 1	om causes o		hat (I) (we) la ite stated aba
220. 50	(PM)	delph	y i	M.D PHYS		MED DIRECTOR	STAFF PHYS	220 DATE SIG	NED 1467
	(Type)	RIFAGO	igshol	35	ADDRESS - A	((1)(4)	De, Ko	1-9 M	7.04/
230 BURIAL CR		DATE THEREOF 5/13/67	GREEN	LAWN C	EM.	WII	ON (City or Tow	PORT W	VASH. M
24 FUNERAL C	RECTOR CONTRACTOR	A Herres	ADDRESS	med	DATEMA	BY REGISTRAR		ISTRARS SIGNATU	Judge

TO MOSPITAL OR ATTINBIND ■MYSICIAM: The law requires that the death certificate be mxmcuted within 24 haurs after dwath.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove carban-peops. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after day

VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
75	CERTIFICATE OF DEATH

(ALA)		97375		CERTIF	ICATE (OF DEATH	1	07352	
funeral funeral fond te death		PLACE OF DEATH COUNTY Wishington		MARY		o. STATE Marvle	Where deceased lived, if institution b. CO		
hin 24 hours after filled in by the fur papers. Pages 1 thin 72 hours after	H	 b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Lagerstown Maryla 	nd 6	ENGTH OF STAY I		Hagerst	itside carparate limits, write R	ural ond give neore:	st town)
filled in papers, thin 72 h		d NAME OF HOSPITAL OR INSTITUTION (If not Washington Count				street address 410 Par	k Place		B. IS RESIDENCE ON A FARM? YES NO
d with		NAME OF Firs DECEASED (Type or print) John		Middle Henry		losi lkerson	OF DEATH May	nth Doy	19 167
and compression and seems		ale Colored	7. MARRIED X	NEVER MARRIED DIVORCED	No	v 8 189		Months Days	Hours Min.
eath certificate be exempled in the property of the please reproduced in any or removal, and in any	duri	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) CUSTOCIAN	10b. KIND O	F BUSINESS OR RY		Burkitts	& State, ar foreign country)	12. CITIZEN OF COUNTRY? USA	WHAT
e death certificate b attending physician permit. Then please an, ar remaval, and i		Robert Wilkerso				Lucy He	enderson		
attendin permit. ian, ar re	I (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknawn) (If yes give war ar dates af 10	service) 215-		OMI'S		ne Wilkers		ark pl
tending physician. so been signed by the attending physician and comprotely filled in by the funeral as the burial-transit permit. Then please remove carb in papers. Pages 1 fand priar to burial, crematian, ar remaval, and in any event, yithin 72 haurs after decaparate to burial.		IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	Chy	b), and (c).)	phog	ettous f	Leucerris	ON	TERVAL BETWEEN USET AND DEATH
The latter has se as the pri	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED?
日も生っち	IL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OF	CURRED. (Ent	er nature of injury in	Part I ar Part II af item 18.)		
this this detac	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	20d. INJURY While at wark	Nat While at work	factory,	F INJURY (Hame, farn street, office bldg., etc.)		(County)	(State)
TTENDIN Sined by OR: After auld be h the Sta		21. I certify that (I) (this hosp saw the deceased alive an	May 30	the deceased 19_ 67 , c	from Ya	eath occurred of	966, to May 12 PM, from causes		
TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the State		220. SIGNATURE Coheat?	Con	rad	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS. (22b. DATE SIGN	-67
O HOSPITAL OI Page 4 may be O FUNERAL DIR director, page shauld be filed	230	NAME (Type) BURIAL, CREMATION, 23b. DATE THEF	-7 / C	NAME OF CEME			23d. LOCATION (City or)	own) (Caunty	(Stole)
TO HOS Page 4 To Fund directo	E	REMOVAL (Specify) UTIAL FUNERAL DIRECTOR		ose Hi		metery	Hagerstov		land
VR A15 (4) 25M 1/67	0	John R Watson	- FI. W.	agenativ	in m	DATEJU	N 2 196	(Comes	10

and the second second second second the sound among the right and the second THE THE PERSON NAMED IN The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

J. G. G.	76	CERTIFICATI	E OF DEATH		07353
1. PLACE OF DEATH 0. COUNTY	Washingto	MARYLAND	2. USUAL RESIDENCE (Where deco	h COUNTY .	esidence before odmi Washingto
b. CITY OR TOWN (write RURAL one	If outside corporate limits, digive nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.		ad give neorest town
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	nospitol, give street oddress) t Valla Ave.	d. STREET ADDRESS 329 Eli;	abeth Ave.	e. IS R ON / YES
3. NAME OF DECEASED (Type or print)	Gussie	Middle Virginia	Lost 4. DATI Willis DEAT	H May	Doy 17
s. SEX Temale	Let + a	MARRIED NEVER MARRIED Z	8. DATE OF BIRTH June 1,1904	9. AGE (In years IF U Mon 2 yrs.	INDER 1 YEAR 1F UN 1ths Doys Hou
10o. USUAL OCCUPATION during most of working	l (Give kind of work done life, even if retired) aver	10b. KIND OF BUSINESS OR INDUSTRY Organ Mfg.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	Bush Rod W			Selle Martin	
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	Kasi	INFORMANT rs.Mae E.Rockwell		agerstown Valla Av
4201	IMMEDIATE CAUSE (o) DUE TO	nujrana	and resparel	1 2 :	1-3
Conditions, if ony nise to immedial stoting the under lost. PART II. OTHER SI	, which gove (b) (b) (c) couse (o), rlying couse (c) (c) (c) (c) (d)	BUTING TO DEATH BUT NOT RELATED TO	ease; Cark	los failu	2-3
nise to immediate stating the under lost. PART II. OTHER STATE OF CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJ Hour o.)	GNIFICANT CONDITIONS CONTRI S UNDERLYING S UNDERLYING SUMBLE LEASE OF DEATH MEDICAL EXAMINER) DUE TO (b) DUE TO (c) DUE TO (c) DUE TO EN TO DUE TO DUE TO AND DUE TO DUE TO AND DUE TO AND DUE TO DUE TO AND DUE TO DUE TO DUE TO AND DUE TO DUE TO DUE TO AND DUE TO DUE TO AND DUE TO AND DUE TO DUE TO DUE TO AND DUE TO DUE TO AND DUE TO AND DUE TO AND DUE TO DUE TO AND DUE TO AND DUE TO DUE TO DUE TO AND DUE TO DUE TO AND DUE TO DUE TO AND AND AND AND AND AND AND AN	205. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20d. INJURY OCCURRED While Not While for	ease; Cark	Port II of igem 18.)	PERFO
nise to immediate stating the under lost. PART II. OTHER STATE OF INJURY OR CONTRIBUTING (IF EITHER, NOTIFY DOLL) 20c. TIME OF INJURY OR CONTRIBUTING (IF EITHER, NOTIFY DOLL) 21. I cert	GNIFICANT CONDITIONS CONTRI S UNDERLYING C C C C C C C C C C C C C C C C C C C	205. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While of work of wo	(Enter noture of injury in Port I or I ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(City or town) to 1 May M, fram causes and	(County) 19. WAS A PERFO YES (County) (County)
nise to immediate stating the under lost. PART II. OTHER STATE OF INJURY OR CONTRIBUTING (IF EITHER, NOTIFY DOLL) 20c. TIME OF INJURY OR CONTRIBUTING (IF EITHER, NOTIFY DOLL) 21. I cert	GNIFICANT CONDITIONS CONTRI SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) WAY Month, Doy, Year m. 19 We that (I) (this bospital eceased alive an Medical	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While of work of otwork of otw	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f	(City or town) 10 Mag., M, fram causes and	19. WAS / PERFC YES (County)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

AVET az Cincip managan in a sama a